Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1/PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

ds. How long in U.S. if	of foreign birth?	yrs	_mosds
Ward.	If nonresiden	t give city or town	and State
MEDICAL C	ERTIFICAT	E OF DEATH	1
ATE OF DEATH			
	(Month)	(Day)	(Year)
IHEREBY	CERTIF	Y, That i attend	led deceased from
	, 1925 , to	Jhere 91	
aw h alive on		9 14 , 193.	death is sale
e occurred on the date state	ed above, at 3	P. m.	
RINCIPAL CAUSE OF DEAT			
IS TOHOWS:			Date of onest
acojo vas	Caller 17	Lange P	10 yrs +
decess .			
y/who sem			
	eouen La	n or han	10 7007
Contributory Causes of impo	ortance:		
Uraanie	Coma		74 his
of operation		Date o	
or operation		Date o	
est confirmed diagnosis?			
ath wes due to extarnal car			
nt, suicide, or homicide?			
did injury occur?	(Specify city o	r town, county and	State)
whather injury occurred i	n INDUSTRY, in H	OME, or in PUBLIC	PLACE.
r of injury			
of injury			
disease or injury in any w	vay related to occu-	pation of deceased?.	No
specify	6	2	
signed) / Edle ~	en U IV	eiller	
(Address)	eag - 1	hd.	

1934

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example -I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S) (V)	T REJRD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	/
BINDING	PERMANENT	EXACTL	ly classified.	te.
FOR	IS A I	stated	proper	certifica
V.S.No.1 MARGIN RESERVED FOR BINDING	N. B.—WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECERD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
>	Z			

1. PLACE OF DEATH County County Chapter of City. No. No. No. No. Heads occurred in a hospital or institution, give in NAME: instead of states and number) Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town where death occurred. Length of ratidence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of DEATH Length of Committee in city or town and State MEDICAL CERTIFICATE OF DEATH Length of Committee in city or town and State MEDICAL CERTIFICATE OF DEATH Length of Committee in city or town and State MEDICAL CERTIFICATE OF DEATH Length of Committee in city or town and State MEDICAL CERTIFICATE OF DEATH Length of Committee in city or town and State Length of Committee in city or town and State Length of Committee in city or town and State MEDICAL CERTIFICATE OF DEATH Length of Committee in city or town and State Length of Committee in city or town and State Length of Committee in city or town and State Length of Committee in city or town and State Length of Committee in city or town and State Length of Committee i	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	(59)
Langth of rasidence in city or town where death occurred. Langth of rasidence in city or town where death occurred. 4. How long in U.S. If of lo	County County	Registration Dist. No. 40
Langth of rasidence in city or town where death occurred yrs		
(a) Residence: No. (Usustplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (A) COLOR OR RACE (White of Color of RACE) (World) (World		[18] 16 : [18] 16 : [18] 16 : [18] 16 : [18] 16 : [18] 16 : [18] 17 : [18] 17 : [18] 18 : [18]
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19. UNDERTAKER Clause 2. Culture 24. Was disaase or injury in any way ralated to occupation of dacaasad? 25. (Address), 16 so, spacify (Signed) Clifford J. Hydson M. D. (Signed) Clifford J. Hydson M. D.	18. BURIAL, CREMATION, OR REMOVAL	
20. Figo 2/35 Walter My mmy (Signed) Chifford J. Hydson M. D.		24. Was disaase or injury in any way ralated to occupation of deceased?
	20, For 2/35 Nalles My formy	(Signed) Clifford J. Hydson M. D.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06316
1. PLACE OF DEATH	93-20
County Baltimore	Registration Dist. No. 1/3
Village or City Rosedale	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Induspis H. Barnha	
(a) Residence: No. Philadelphia Rd at Dous G	
(Usual place of abode)	St., Ward. 1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowen	21. DATE OF DEATH (Month) (Dev) (Year)
5e. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of Mary E.	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 2-1867	lest sew h Am alive on June 7 1935; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 6 A m.
67 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence
8 Trade profession or particular	were as follows: Pate of onest
kind of work done, as SPINNER, Reliaid	1 Journal Journal 1 133
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
O 10. Date deceased lest worked at this occupation (month and year) occupation occupation occupation occupation	
12. BIRTHPLACE (city or town) Danville Pa. (State or country)	OHE Contributory Causes et moortance: Miggin Myseundilia / yr
13. NAME Wiesiam Barnhark	Receiped
13. NAME William Barnhart 14. BIRTHPLACE (city or town) Daniele, Pa.	Neme of operation
(State of country)	What test confirmed diagnosis? [Muniflement Was there en eulopsy? [Managed Park Was there en eulopsy. [Was there en eulopsy.
I To minder mane according	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[Stete or country] 16. BIRTHPLACE (city or town) Danvelle, Pa.	Accident, suicide, or homicide? Date of injury, 19
1, 100, 1	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Atemant 10. Darmhart (Address) Phila Road at Doris ase	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Oaklann Cem Date June 14, 19-36	Neture of injury
19. UNDERTAKER GEORGE W. Sinkley (Address) 1737 S. Espe St.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 6/13 , 19 35 15 a. Fritz. M.D. Registrar.	(Signed) (Address) Weederle M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Find

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes	Date of onset
Arterioselerosis	1915	of importance were as follows: Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06317
1. PLACE OF DEATH	
County Dalkmor	Registration Dist. No. 30
Village or City Coatmorelle (If	No. Are Trace Ass. St., Ward death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	.23 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GEORGE CU. Belt	alias Bell.
(a) Residence: No. 713 Wi application (Usual place of abode)	St., Ward. Balls. 2004. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 , 193 J (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of Dessei a. Jelt	1 HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) July 6/1874	last saw h alive on Dealer 2, 19, 31; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$2.4.m.
60 11 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER Cashellar SAWYER, BOOKKEEPER, etc.	Carbal Thrombons 2de
9. Industry or business in which	applease 24
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Colora 2 4
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) 21.	
12. BIRTHPLACE (city or town) Baltunor	Other Coatributory Causes of importance:
(State or country)	avera Sclerois Z3da
13. NAME 14. BIRTHPLACE (city or town) 2 actually 14. BIRTHPLACE (city or town)	Orteno-Schertic Prescherce 23 Te
14. BIRTHPLACE (city or town) 2 actual	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
T 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Con As Country)	Where did injury occur?(Specify city or town, county and State)
17, INFORMANT (Address) 71.3 2	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR-REMOVAL	Manner of injury
Place 1. S Malt Celas Date 7 25 to 1935	Nature of injury
19. UNDERTAKER WW Cyob	24. Was disease or injury in any way related to occupation of deceased?
(Address) (I) (1) and (1)	If so, specify
20. FILED / 28 , 19.3 Polishedie	(Signed) Lack C- Janels M. D
Registrar.	(Address) Calanda (Address)
If more blanks are freeled address State Registerar	24xx N Charles Street Baltimore Requesting 7) S No x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II	*
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Change of parents' Dr. GarrettL.	names.	letter and CODY	filed Aug 6 193	n under
Dr. GarrettL.	Cold by	min, matelas)		



V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20
County OSallian or 9	Registration Dist. No. 15 44
	No. Mard Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Loward & Benson	2 (1
(a) Residence: No. 320 Uniteredge avec (Usual playe of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced H#SBAND of	
(or) WIFE of Servindo In Benson	1 HEREBY CERTIFY, That I attended deceased from 1985, to June 16, 1985
6. DATE OF BIRTH (month, day, and year) March \$1, 18 93	Vast saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
march 42 2 / 6 ormin.	were as follows:
Z Sawyer, BOOKKEPER, etc	Eprone Myorarditio and
SAWYER, BOOKKEEPER, etc. Wase many	- Myocarola Insufficentery
work was done, as SILK MILL, SAW MILL, BANK, etc.	a heart muscle weekned
O NO. Date deceased last worked at	n cynausion
this occupation (month and 15, 1735 spant in this 20 occupation	
12. BIRTHPLACE (city or town) Balls MA	Other Contributory Causes of Importance:
13. NAME Lee Benson	
13. NAME Lee Benson 14. BIRTHPLACE (city or town) Paul Market Ma	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? NO.
E 15. MAIDEN NAME Unknown	23, If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Unprocess 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country) Ballo 1111	Where did injury occur?
17. INFORMANT Gertrudo m Benson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 320 Whitnotal ave	Crivate Shore Summer Rome
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Loudon Park Date June 19, 19 &	Nature of injury
19. UNDERTAKER W M Book (Address) 12/7. St. Paul St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 16, 1935 John B. Connelly Register.	(Signed) Fred Wyoung Gorones (Address) Lemmers Que md
If more blanks are needed, address State Registre	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 wcck ago	
Chronic interstitial nephritis	1921	Run over by street car	I cek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	Says ago	
		/> 40	W. T.	
Other contributory causes of importance:		Other contributory causes of importance:	23 12	
Gallstones	May 1,1923	Gastroenteritis	L year 5	
			D /	
			10	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06319
1. PLACE OF DEATH	(207-m)
County / Sally	Registration Dist. No.
Village or City (hase	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town/whera death occurredyesmes.	death occurred in a hospital or institution, give its NANTE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME When & Befler	equaged W
(a) Residence: No. / Chave hid.	// St / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 1. COLOR OR RACE OR DIVORCED (waite the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Durgman Bedling mag	22. I HEREB'Y CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) april 25. (1857)	· I last saw h alive on ; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on tha date statad abova, atm.
78 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Beig Strack by a
Sundustry or business in which	lile many
work was done, as SILK MILL, SAW MILL, BANK, etc	tracks accidental Cere
SAW MILL, BANK, etc	
19 a 01 - 0 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / future (State or country)	Vardet of accidental death a rendered of a
	Ar . Saroneas Juny
14. BIRTHPLACE (day or town) Baltum	Nama of operation Oate of
(State or country)	What tast confirmad diagnosis? Was there an au'opsy?
15. MAIDEN NAME Wargazet titygrald	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wargard tilygaald 16. BIRTHPLACE (city or town) Jalto Wo	Accidant, suicide, or homicide? Descident Date of Injury
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT My My ary didling may	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place fords / ary curar pf / 319V	Nature of injury
19. UNDERTAKER General a Full (Address) 5134 Parker Road.	24. Was disease or injury in any way ralated to occupation of decaased?
20. FILED 2018 30, 19 35 Connelly Registrar.	(Signed) Joseph F. Someringer Coroner M. D. (Abbress) Eret On & Pond Rd
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Bengues made

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-12	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	3-11		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	or- orte A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06325
	infor- state UPA.	1. PLACE OF DEATH	94-6)
X		County Dalumne	Registration Dist. No. 40
W)	F.6 /	Village or City Mrt Vista	No. St., Ward
4	.E		death occurred in a hospital or institution, give its NAME instead of street and number)
	Every CIANS tement	Length of residence in cits or town where death occurredyrsmos.	s. How long in U.S. if of foreign birth?
	Every CIAN tement	2. FULL NAME YEN MI / J J J	relief (compage)
	YSI Sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	E PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	REC. Pr Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
		OR DIVORCED (who the word)	Serve 25 1935
NG	T L Y ied.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
BINDIN	(ANERA CT) ACT) assified	(or) WIFE of Mary Bonhage	22. I HEREBY CERTIFIY. Thet I attended deceesed from
Z	CX X	Elect Ogin	(1) (35 to Mine 23, 1935
M	PE E Ily ate	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at
FOR	IS A PE stated E properly certificate	7/ 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
F(stat prop	8. Trede, profession, or particular	were as follows:
Q	be pe	sawyer, Bookkeeper, etd.	(MIMAN) Qcclusion /ho
RESERVED	c—Tl ould may back	9. Industry or business in which work wes done, es SILK MILLY A Belleville Bays SAW MILL, BANK, etc	
ER	X E .		
ESS	E E + o	11. Total time (yeers this occupation (month and 2 2 5 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2	V
2	NFADING I plied. AGE rms, so that instructions o	Michael	Other Contributory Causes of importance:
Z	DIP I. So ucti	12. BIRTHPLACE (city or town) (Stete or country)	Police a reliance on
33	UNFA upplied terms,		Mun Jouns
MARGIN	U te	110/00000	Name of acceptance
2	E -= 00	4. BIRTHPLACE (city or town)	Neme of operation Dete of What test confirmed diagnosis? Was there an eutopsy?
	WITI efully in pla int.	E 15. MAIDEN NAME UNKNOW	23. If death was due to external causes (VIOLENCE) fill in elso the following:
		15. MAIDEN NAME 16. BIRTHPLACE (city or town) MM known (State or country)	Accident, suicide, or homicide? Date of Injury, 19
	De co	Stete or country)	Where did injury occur?
		17. INFORMASS Emma mormoner	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Should OF D.	(Address) m. Vista	
		18. BURIAL, CREMATION, OR ALMOVAS Cem 6/28/33	Manner of Injury
	WRITE lation s AUSE TON is	Place Date , 19.	Nature of Injury
pref	-WRIT mation CAUSI TION	19. UNBERTAKEN PNULL	24. Wes disease or injury in any way releted to occupetion of deceased?
No.	8	(Address) 128 h fullon from	If so, specify
si.	7	20. FILE 27/30 Haller 17 amment	(Signed) # Clark Man & M
	4	Registrar.	(Address)
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis 2	3 days ago
Other contributory causes of importance:		Other contributor sees of portance:	
Other contributory causes of importance.			
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY PHYSICIAN

(爱	

BINDIN

RESERVED

MARGIN

PHYSICIANS may carefully should OF. -WRITE

instructions important. very

pluods Registration Dist. No. 44 County (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______wrs.____mos If U.S. Veteran specify WAR Ward. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Day) (Year) 5a. If merried, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months Davs to have occurred on the date stated above, at 1 day,____hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____ min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc back 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total tima (years) 10. Data deceased last worked at On this occupation (month and spant in this oc:upation_ yaar) ______ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homic 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur?... (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury mation Nature of injury LION 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SI	PACE F	FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

	Registration Dist. No.
a .	No. Rosensod State Training Sochool Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
ب	
-	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Year)
	22. HEREBY CERTIFY, That I attended deceased from
	last saw from aliva on Jame 30, 1935; death is said
_	I last saw Mana aliva on Jane 30, 1935; death is said to have occurred on the date stated above, at 3:300 m.
s.	to have occurred on the date stated above, at a second m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
,	were as follows:
2	01
	Pulmonary attractions 0/21/33
	(for advanced, active)
	-D
	Othar Contributory Causes of importence:
	Sportaneous Freumothoray 427/35
	Name of operation Date of
	What tast confirmed diagnosis? Clinical Was there an autopsy? Ico
	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
	Accidant, suicide, or homicide?
	Where did injury occur?
	(Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Specify whether injury seconds in insection, in storic, or in respect reports
	Manner of injury
5	Nature of injury
	24. Was disaase or injury In any way related to occupation of deceased? **Xo
	If so, specify
	(Signed) Sterge C. Irredairy M. D.
	(Address) Curriage mills, and
_	The state of the s

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Example I	i.t	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Ev	SICI	tatem		CONTRACTOR OF THE PARTY OF
RECOR	PHY.	Exact s		
MANENT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem		
IS A PER	stated EX	roperly cl	TION is very important. See instructions on back of certificate.	
HIS	be s	be p	of ce	
INK-T	B should	t it may	on back	4
ADING	ed. AG	is, so tha	tructions	
UNE	suppli	n term	ee ins	
WITH	efully	in plai	ant. S	
ALVILY.	I be car	DEATH	import	
PIE	houle	OF	very	
N. B.—WRITE PLANLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. EV	mation s	CAUSE	TION is	
Z				

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6323
1. PLACE OF DEATH	(3)
County Baltimore	Registration Dist. No. 30
Village or City Freeland	No. St., Ward
Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillbasm . Br	ooks
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurale While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935, to June 20, 1935
6. DATE OF BIRTH (month, day, and year) June - 20 -1935	I last/saw h alive on
7. AGE Years Months Cays If LESS than	to have occurred on the date stated above, at 10-4-02-m.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still Born
9 Industry or business in which work was done, as SILK MILL,	A-4-4
SAW MILL, BANK, etc	1/2 Mo Gerfalden
12. BIRTHPLACE (city or town) Maryland: (State or country)	Other Contributory Canses of importance:
13. NAME William & Brooks. 14. BIRTHPLACE (city or town) Maryland.	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Lottie May Clark! 16. BIRTHPLACE (city or town) - Masyland (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) - Masyland	Accident, suicide, or homicide?
2 (State or country) 17. INFORMANT Milliam & Brooker (Address) Faculard 2006	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place at home Date Jule 2, 1935	Nature of injury
19. UNDERTAKER Wy ED rooks (Address) Freedom m 41	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO JUNE L. 1935 - Samuel & Willow Registrar.	(Signed) & Gagles M. D. (Address) New Fixedam Pa,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 ë ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

I. PLACE OF DEATH					
County Sal	to			Registration Dist. No. 3/	
Village or City	rods	tock		No. St	Ward
family of antitable to the inter-				death occurred in a hospital or institution, give its NAME instead of street and t	number)
		-		ds. How long in U. S. if of foreign birth?yrsm	osds
2. FULL NAME In	fant	Duc	hanan		
(a) Residence: No.				St., Ward.	
BEDGONAL AND GE		(Usual place		If nonresident give city or town and	State
PERSONAL AND ST				MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R		OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Osy)	, 193 5 - (Year)
5a. If married, widowed, or divorced HUSBANO of					
(or) WIFE of				22. I HEREBY CERTIFY, That t attended	
	٥	.,		, 19, to	
6. DATE OF BIRTH (month, day, and ye 7. AGE Years M	/	m 11	1930-	I last saw h alive on, 19	; death is sald
7. AGE TEATS M	onths (/	Oays	if LESS than 1 day,hrs.	to have occurred on the date stated above, at Immension. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	0	0	ormin,	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPIN SAWYER, BOOKKEEPER, etc.	INER,			Tremalure touchs	
9. Industry or business in which				at 3 mo.	
work was done, as SILK MI SAW MILL, BANK, etc	LL,				
10. Date deceased last worked at this occupation (month and		11. Total ti	me (years)		
year)			pation		
12. BIRTHPLACE (city or town)	Wood	stock		Other Contributory Causes of importance:	
(State or country)	m	d	***************************************	1	
13. NAME Ilen	and	Bus	han an	1 4 4 4 4	
13. NAME Sleri		, 0000	- 3/10-1	No.	
(State or country)		nd		Name of operation Oate of Oate	
	maar	1	Bennett	What test confirmed diagnosis?	
<u> </u>	1	23 40 1	Juney	23. if death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)		nd		Accident, suicide, or homicide? Date of injury	, 19
911	1	0	0	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT TURNS (Address)	Uvods	took	man	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	on .	0		Manner of Injury	
Place Disposed of	remiss	Date Jun	1930	Nature of injury	
19. UNDERTAKER ISLEM	and	Buc	hayan	24. Wes disease or injury in any way related to occupation of deceased?	
(Address)				if so, specify	
20. FILEO June 11 , 19 35	- 14	m E	marta	(Signed) Martine	M. D
20. FILEU_32/20/3	V.	7.1.4. 9.1.	Registrar,	(Address) Roud all at	Tha

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

(Year)

Date of onset

(Day)

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 May 15 15 15 15 15 15 15 15 15 15 15 15 15		A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _

Registrar.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
\$661 8 NO . H				
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		

BINDING

RESERVED

MARGIN

S. No.

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	ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Date of onset

(Address)

If so, specify

(Address) _

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

should state of OCCUPA-

06330

1. PLACE OF DEATH			(82-0)	-
County Baltimore			Registration Dist. No. 93	8
Village or City TOWSON Length of residence In city or town wh	ere death occurred	(1f 65 _{yrs.} mos	NoSt.,Steach occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsm	ward number)
2. FULL NAME Emma	K. Crise			
(a) Residence: No. Pro	esby t eria (Usual place	n Home, T	OWSON, Mward. If nonresident give city or town and	d State
PERSONAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
female 4. color or race white	5. SINGLE, MAR OR DIVORCE Wido	RRIED, WIDOWED, ED (write the word) Wed	21. DATE OF DEATH (Month) (Day)	, 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	m. B. Cris	e	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	June 23.	1855	last sawher aliva on fruel 14, 1930	; death is sald
7. AGE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on tha date stated above, at 1.32.7 m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total sps	tima (years) nt in this	afoblefy	4/2 yr
12. BIRTHPLACE (city or town) Cal	rroll Cou	nty Md.	Other Contributory Causes of importance: Arthur Schrode	unt.
当 13. NAME Samuel C	. Bowers			
14, BIRTHPLACE (city or town) (State or country)	aneytown M	d.	Name of oparation Data of Was there an	autonev? Clo
15. MAIDEN NAME Fargare	tta L.		23. If death was due to external causes (VIOLENCE) fill in also tha following	-
16. BIRTHPLACE (city or town) (Stata or country)	Tan Md.	eytown	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Mrs. L. E. (Address) Presbyteria	Elliott an Home.	Towson, Mc	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PI	
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Dark (-		Mannar of injury	
19. UNDERTAKER JOHN O. Mi- (Address) 1900 Eutaw 20. FILED 6/15, 183.5	tchell & Place CO	Sons, Inc.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address)	uo M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
W. W. W.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		• • •		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIAN	į
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HEALTH DEPARTMENT—CITY OF BALTIMORE

5 II			
	Baltimore County, CERTIFICAT	TE OF DEATH	
3		h h n 1 1 4	
	1. PLACE OF DEATH Graceland Var	Registered No1.	
a	CITY OF BALTIMORE: (No. 6726 Roberts	(If death occur a hospital or in	
n I	GITTE OF BALTIMORE: (No. 9 12 40 L. MUMA	give its NAME	Instead
3	Length of residence in city on town where death occurred & O.yrs	of street and num	aber.)
Y Y	Length of residence in city on town where death occurreds, syss	If U. S. Veteran	08
4	2. FULL NAME Charles Names	DAUTS specify WAR	4.1.13
		10 liter B 571	p1
3	(a) Residence: No. 72 5 Nobell Of	St., Ward. Quille, Co Mes	
	(Usual place of abode)	(If non-resident give city or town and	State)
8	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
at 5			
. eg	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year)	, 1955
T. 5	male (Mile Married	22. I HEREBY CERTIFY, That I attended deceas	ed from
2 2	5a. If married, widowed, or divorced	Jan 30, 1935, to June 9	1030
74			
2	(or) WIFE of Butha Danle	I last saw hamalive on Jane 19. 3.5 Dea	th is said
ac	C DATE OF RIPTH (month day year) Duly 14 1876	to have occurred on the date stated above, at 4,30 cm.	
20	O. DATE (It BINTH (Month, day, year)	The principal cause of death and related causes of	
. 0	7. AGE Years Months Days If LESS than 1 dayhrs.	importance were as follows:	ate of onse
us l	0 8 10 25 ray,min.		
10	Trade, profession, or particular	Colmonain Interculary	un /93
2 5	kind of work done, as spinner		1
17 6	sawyer, bookkeeper, etc	*	
n.	Industry or business in which work was done, as silk milly		WEGG
e E	saw mili, bank, etc	Other contributory causes of importance;	
Se	this occupation (month and spent in this 2	me	
Ē .	year) Han 1.9.38 occupation.	RC .	
nt a	12. BIRTHPLACE (city or town) Walles daly	100	************
ta	(State or country)	Was an operation performed? Date of	
100	W W - 2 7	For what disease or injury?	*******
E	13. NAME COMO DANCE	Name of operation	
2	E 14, BIRTHPLACE (city or town). Waples daly	0.7-)	· cAn
4 6	(State or country)	What test confirmed diagnosis American was there an autopsy	the fol
4 > 1	E 11 - 7	23. If death was due to external causes (violence) fill in also lowing:	
is	E 15. MAIDEN NAME Cannel	Accident, sulcide, or homicide?Date of injury	, 19
Z	5 16. BIRTHPLACE (city or town) Wahles Llaby	Where did injury occur?	
20	(State or country)	(Specify city or town, county, and	d State)
35	B. Tr & I.V	Specify whether injury occurred in industry, in home, or	in publi
20	17. INFORMANT DRIVER STORME	place	***************
50	(Address) 6725 Roberto)		
CCU	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
0	Hale R. 12 20	Nature of Injury	
	Place Date Date 18.)	04 317 31	decement
1	12. UNDERTAKER Wendell & Deptel	24. Was disease or injury in any way related to occupation of	uccensed
m	(Address) 1405 Asuah SIL	If so, specify	
5	The Marian	(Signed) With Bridger	, м. г
50	to ment of the transfer of the	1 2 1 2 10 81	1
E 44 }	Regular.	(Address) 2201 O Oaklumt	

MARGIN RESERVED FOR BINDING

TH UNFADING INK-THIS IS carefully supplied. AGE should

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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WH 4660

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

Ward.	give city or town a	16.
MEDICAL CERTIFICATE		nd State
	OI DEATH	
OF DEATH	7 4	193.5
(Month)	(Day)	(Year)
HEREBY CERTIF	(. That I attended	ed deceased from
elive on		; death is said
red on the date stated above, at	m.	
AL CAUSE OF DEATH and related cause		
ws:	o or importance	Date of onset
ral Thromas	us	2 day
ond		4
outery Causes of importance:		
110-5 doros		7ms
ule lay ched?	ro:	7. mas

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury In any way related to occupation of deceased

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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FOR

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

M

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(Yeer)

Date of onset

Registrar.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No. Village or City_ (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs. ____mos. Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) married (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance ormln. Date of onset 8. Trede, profession, or particular UPATION kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc.___ 9 Industry or business in which work was done, as SILK MILL, back SAW MILL, BANK, etc ... 1D. Dete deceased last worked et 11. Total time (years) this occupation (month end spent in this occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) (State or country) carefully MOTHER important. 15. MAIDEN NAME 23, if deeth was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?______ Date of injury_______ 19 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, plnoq 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Neture of injury_ NOIL 19. UNDERTAKER (Address) If so, specify 20. FILED.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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S. No.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUPFALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			HEER.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



1 PLACE OF DEATH
County Baltinane

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 38

Village or City Lowson (No	St.; Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEES 4 COLOR OB RACE 5 SINGLE, MARKIED, WIDOWED OR PHODORED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year)
6 DATE OF BIRTH 4 - 10 , 1853 (Month) (Day) , (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to June 13 , 1925 that I last saw h 47 alive on June 12 , 19235
7 AGE If LESS than dayhrs. dayhrs. dayhrs.	The CAUSE OF DEATH % was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry	Cerebral Theomorrhage
9 BIRTHPLACE (State or country)	Contributory Orlevoselescos Secondary (Duration) 2 yrs. de mos. de
10 NAME OF FATHER CONTROL OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Story To Surgeri M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Releccon 13 BIRTHPLACE OF MOTHER (State or country) MUSICAL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL C. TE OF BURIAL
(Address) 1 1000 A Sacral	20 (NODERTAKER), ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

BINDING

FOR

should be stated EXACTLY, PHYSI-it may be properly classified. Exact

RECORD

MARGIN RESERVED

Every Item of CIANS should

N. B.--



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmor (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons euployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But In many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or train-accident; Revolver wound of head-homicide; State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely "Uraemia," "Weakness," ctc., when a definite disease "Dropsy," "Exhaustien," "Heart stated unless important. Example: Measles (disease vulsions," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or Intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; For VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Cougenital," "Senile," etc.), (Recommendations on statefailure," ."Haemor-The contributory (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	RMANNENT RECOR	XACTLY. PHY	classified. Exact s	
RVED FOR BI	THIS IS A PE	ould be stated E	nay be properly	ack of certificate.
ARGIN RESE	UNFADING INK.	pplied. AGE sho	terms, so that it r	TION is very important. See instructions on back of certificate.
M • M	ALALY, WITH	ld be carefully su	DEATH in plain	y important. See
0.3	-WRIFE PL	mation shoul	CAUSE OF	TION is ver

N. B.-WRIFE.P.

S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH 063	36
1. PLACE OF DEA	TH			(93-4)	n
County Bal	lemore			Registration Dist. No.	0
Village or City/	otels cliff	0		No	Ward
Length of residence in ci	ity or town where dea	th occurred		death occurred in a hospital or institution, give its NAME instead of street and ds How long in U.S. if of foreign birth?	
	01, 1	0	,	Echsner.	
		11	II.MI.T.IVE		
(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	PR OR RACE 5	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Tune (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I attended	deceased from
C DATE OF BIRTH (month do	70	b. 1 - 18	10	Jass 16 1935, to June 18 18 18 1935	
6. DATE OF BIRTH (month, da 7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2 10 f. m.	" : dearn 12 2910
75	4	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or p. kind of work done, SAWYER, BOOKKEE	as SPINNER. 7	e acher	TVI COLOR THUIS	my o cardial De compensation	Date of onest
Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL,				
10. Date deceased last wor this occupation (mo year)		sps	ima (years) nt in this upation		-
12. BIRTHPLACE (city or town) (State or country)	Porhe	der U.	y.	Other Contributory Causes of Importance: arterial Sclerozis and	
	James &	Eschue	4	Hypertension	
I		Rogling	10. 11.4	Name of operation Date of	
14. BIRTHPLACE (city or to	own)		an f	Name of operation Date of Was there an	sutonev?
15. MAIDEN NAME	Eva	WEis		23. If death was due to extarnal causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or to		Bavar	ia German	Accidant, suicide, or homicide? Date of injury	
17. INFORMANTSa	Many Cl	ara Uok	L Cliff Wid	(Specify city or town, county and Sta Specify whether injury eccurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR F	01:11/11	0	ne 20 ,1935	Manner of Injury	
19. UNDERTAKER SEL	ank Q.	Gin	k	24. Was diseasa or injury in any way related to occupation of deceased?	
20. FILED 19/9/35	190 100	and to	met	(Signed) Just Gollus July	M. D.

If more blanks are needed, address State Registrar, 2411 N. Challes Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	MA

STATE OF MARYLAND—CERTIFICATE OF DEATH

	No. Box 76 East are St. Ward
(If dea	
	eath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emma Ecker	ma
(a) Residence: No. Box 76 East are Dundak (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Eckes	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 6/4/74	I last saw h elive on
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	quite dilatation of the Date of onset
of 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Paimony Cause: acute myocarditis Cuffer
this occupetion (month end 2/8/35 spant in this occupation	Duration: Day Lowise.
12. BIRTHPLACE (city or town) Baltimore Co. nd. (Stete or country)	Other Centributery Canses of Importance:
13. NAME amile Kirmes	
L (State or country)	Neme of operation
# 15. MAIDEN NAME Barbar Retter Person ?	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 14 000	Accident, suicide, or homicide?
State or country)	Where did injury occur?
00 00 01	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 11, 1935 John V. Cornelly Registrary	(Signed) John H. J. Hendri Skrew M. D (Address) Eastern are Rd Colgate md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SIAUL	LOI	LOWING	DIVITINITIZED TO	DI	THISICIAN

addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUIDDAULY S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

2. FULL NAME (a) Residence: No. 1904 (Ususchee of ships) (b) Registration Dist. No. 2004 (Ususchee of ships) (a) Residence: No. 1904 (Ususchee of ships) (b) Residence: No. 1904 (Ususchee of ships) (c) Residence: No. 1904 (Ususchee of ships) (c) Residence: No. 1904 (Ususchee of ships) (d) Residence: No. 1904 (Ususchee of ships) (e) Residence: No. 1904 (Ususchee of ships) (ii) Residence: No. 1904 (Ususchee of ships) (iii) Residence: No. 1904 (Ususchee of ships) (iv) Residence: No. 1904 (Ususchee of ships) (iv) Residence: No. 1904 (Ususchee of ships) (iii) Residence: No. 1904 (Ususchee of ships) (iv) Residence: No. 1904 (Ususchee of ships) (iv) Residence: No. 1904 (Ususchee of ships) (iii) Residence: No. 1904 (Ususchee of ships) (iiii) Residence: No. 1904 (Ususchee of ships) (iii) Residence: No. 1904 (Ususch	STATE OF MARYLAND—	CERTIFICATE OF DEATH 16339
Village of Sith Carbon Control of the Control of th	1. PLACE OF DEATH	48
Village of Sith Carbon Control of the Control of th	County Delfunos	Registration Dist. No. 50
Length of residence in alty a flown where death occurred	William or Other Por & Law and De	No. Street Street And Street and number)
(a) Residence: No. 1900 (Usas) place of shype) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOVED, OR DIVORCED (curic the world) OR DIVORCED (whom the world) OR DIVORCED (curic the world) OR DIVORCED (cur		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL NAME Loveise a Shall	rich
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	(a) Residence: No. 1926 Let. La la	the Q. Ward. Baltungs
3. SEX 4. COLOR OR RACE OR DIVORCED Comine the word) 5. Lif married, widowed, or divorced HUSAND (Month) (Ony) (Wonth) (Cony) (Wonth) (Co		If nonresident give city or town and State
Sa. If married, widowed, or divorced (Wonth) Sa. If married, widowed, or divorced (Usbah) or divorced (Us		
#USBAND of (or) WIFE of 8. DATE OF BIRTH (month, day, and year) 7. ACE Years Myntibu Dys If LESS than I day, hrs. or min. 8. Trade, profession, or particular with the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the date stifled above, at the profession of the profession of the profession of the date stifled above, at the profession of the professio		June 27 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days At LESS than I day, hrs. or. min. 8. Trade, profession, or particular kind of work done, as SPINNER, SANVER, BUDNERER, etc. SANVER, BUDNERER, etc. 10. Date decased last worked at this occupation (month and year) spent in this years) spent in this years occupation (month and year) spent in this years) spent in this years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Amount of work done and operation of the date stated above, at the month and related causes of importance were as follows: Oate of enset Control of work done, as SPINNER, Advanced at this occupation (month and year) occupation (month and year) spent in this years) spent in this years occupation (state or country) 14. BIRTHPLACE (city or town) (State or country) Man of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? 24. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 25. Poecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 26. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 26. Specify was disease or injury in any way related to occupation of decassed? 18. BURIAL, CREMATION, on REMOUND Place of the date of the state of the public place. 26. Specify was disease or injury in any way related to occupation of decassed? 27. UNDERTAKER 28. Specify was disease or injury in any way related to occupation of decassed? 29. FILED 20. The profession, or particular in the profession of the public place in the public place. Amount of injury. 29. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 29. FILED 20. Specify was disease or injury in any way related to occupation of decassed? 20. Specify was disease or injury in any way related to occupation of decassed? 20. Specify was disease or injury in any way related to occupation of decassed? 20. Specify was disease or injury in any way rela		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Member 1 day,	(or) WIFF of	2 2 0
TAGE Years Mgfills Dys Alt LESS than I day,	0 - 2/1021	2
3. Trade, profession, or particular kind of work done, as SPINNER, Asway (Secare as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, Asway (Secare as follows: 9. Industry or business in which work was done, as SPINNER, Asway (Salvey) (1000-
8. Trade, profession, or particular kind of work done as SPINNER, kind work done as SPINNER, BORKEEPER, etc. 8. Industry or business in which was done as SPINNER, SAWYER, BORKEEPER, etc. 9. Industry or business in which was done as SPINNER, SAWYER, BORKEEPER, etc. 10. Date deceased last worked at this occupation of this occupation of deceased? 12. BIRTHPLACE (city or town) Occupation of deceased? 13. NAIDEN NAME Occupation occupation occupation of deceased? 14. BIRTHPLACE (city or town) Occupation occupation of deceased? 15. MAIDEN NAME Occupation occupation of deceased? 16. BIRTHPLACE (city or town) Occupation of deceased? 17. INFORMANT Occupation occupation of deceased? 18. BURIAL CREMATION, OR REMOVAL Data occupation of deceased? 19. UNDERTAKER FLORICE OCCUPATION occupation of deceased? 19. UNDERTAKER FLORICE OCCUPATION occupation of deceased? 20. FILED OCCUPATION occupation of deceased? 21. INFORMANT Occupation occupation of deceased? 22. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Signed) Occupation of deceased? 26. Signed) Occupation occupation of deceased? 27. INFORMANT Occupation occupation of deceased? 28. Signed) Occupation occupation of deceased? 29. Signed) Occupation occupation occupation of deceased? 20. Signed) Occupation occupati	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
kind of work done, as SPINNER. SAWER, BONKEPER, etc. Industry or business in which work was done, as SPINNER. SAWER, BONKEPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. LIBRITHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. The Same and Same Alexandre	8 Trade profession or particular	were as follows:
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL, CREMATION, OR REMOVA Place Place 19. Date of injury Name of lnjury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) 19. Date of injury Nature of Injury Nature of Injury 19. Was disease or injury in any way related to occupation of deceased? 15. Mas disease or injury in any way related to occupation of deceased? 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURNAL, CREMATION, OR REMOVA Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Signed) 10. Signed) 10. Signed)	kind of work done, as SPINNER,	Carelase Hamon hass /da
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Total time (years) spent in this spent in the spent in this spent in this spent in the spent in the spent in this spent in the spent in the spent in this spent in the spent in this	Industry or business in which	apoleray 121
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. Contributory Causes of Importance: 11. Determine the contributory Causes of Importance: 12. Contributory Causes of Importance: 13. NAME 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 19. Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury Nature of Injury Nature of Injury (Signed) 16. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Contributory 16. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) 18. BURIAL, CREMATION, or REMOVAL (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed)	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER 19. The state of country 19. UNDERTAKER 19. The state or country 10. UNDERTAKER 10. Accident, suicide, or homicide? 10. Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. The state or country 10. State or country 10. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. State or country Nature of Injury Nature of Injury (Signed) (Signed) M. E (Signed) M. E	10. Date deceased last worked at this occupation (month and year) spent in this occupation 35.4	
(State or country) 13. NAME Carl Fet Re Letting Carting State	12 RIRTHPLACE (city or town) Baltunose	Other Contributory Causes of Importance;
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME Caracteria Free Property 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3 3 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		afano-Schoons. Iday
What test confirmed diagnosis? Was there an aulopsy? 15. MAIOEN NAME Carifornia Francisco (Side or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mus Callian Harry (Specify city or town, country and State) 18. BURIAL, CREMATION, OR REMOVAL Place Country (Date of injury) 19. UNDERTAKER Gloral W. Little (Address) 2705 Estmonosco (Allian) 19. UNDERTAKER Gloral W. Little (Address) 2705 Estmonosco (Allian) 19. UNDERTAKER Gloral W. Little (Signed) 10. Specify whether injury in any way related to occupation of deceased? Manner of Injury (Signed) 20. FILED 27 1035 9 Manner of (Signed) 21. Was there an aulopsy? 22. If death was due to external causes (VIOL ENCE) fill in also the following: 22. Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 19. UNDERTAKER Gloral W. Little (Signed) 20. FILED 27 1035 9 Manner of (Signed)	13. NAME Carl Fetre	lexurio Carcinona. 3 ms
What test confirmed diagnosis? Was there an aulopsy? 15. MAIOEN NAME Caritie Frodoxia 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3319 Mas there an aulopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER Gloral W. Little (Address) 2705 Estmonison (Reconstruction) 20. FILED 27 19359 (Signed) Was there an aulopsy? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Signed) (Signed) Manner of Injury Nature of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Nature of Injury (Signed) Manner of Injury (Signed)	14. BIRTHPLACE (city or town)	Name of operation Dete of
16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Place For A Little (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 10. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) Manner of Injury (Signed)	(State or country) gamany	What test confirmed diagnosis? Was there an aulopsy?
Accident, suicide, or homicide? Date of injury, 19 17. INFORMANT (Address) 33 (9 (9 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	15. MAIDEN NAME Christing Fraderica	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT As Relevan Hearth Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3 3 (9 8 9 0 1 0 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
17. INFORMANT As Kellica Manufactured Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 33 (9 Egotton 2 4 18. BURIAL, CREMATION, OR REMOVAL Place Could as Cark Data June 19, 1935 Nature of Injury Nature of Injury 19. UNDERTAKER Gloral W. Little (Address) 2705 Edmondson (Ale (Signed) (Signed) (Signed) (Signed	(State or country) Germany	
Place For Am Cark Date of June 19, 1935 Nature of Injury 19. UNDERTAKER Gloral W. Little (Address) 2708 Edmondson ale (Signed) (Signed) (Signed) (Signed) M. E.		
Place four dark Data June 17, 1935 Nature of Injury 19. UNDERTAKER Gloral W. Little (Address) 2705 Edmondson Oil (Signed) Control (Signed) Control (Signed) M. E.	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
(Address) 12708 Edmondson al If so, specify (Signed) (Signed) M. E. Garrier M. E.	Place four of Wark Datod June 1-7, 1935	
20 FILED 27 1935 9 Helmeline (Signed) Cook & Jane 9 M. E.	14: 10:	
Registrat. (Address) Quantum 10 Mil	20 FILED 27 19359 Albandre	Mag. 5
	Regigner.	(Address) - Carton of the A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	
County Ballimare	Registration Dist. No.
Village or City Tharrow Count	No. 502 C St., Ward
//2 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
11 . 0 001 1	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Monor of Eldred	
(a) Residence: No. 502 C	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DI YORCED (write the word)	21. DATE OF DEATH June 6
Temale Mule Midow	(Month) (Day) (Year)
5a. If merried, widowed, or divorced WESAWS of Gery WIFE of Consumer C Leading C	22. I HEREBY CERTIFY, Thet I attended deceesed from
o amuce 1	Mary 1933, to June 64 1935
6. DATE OF BIRTH (month, day, and year) June 30 1848	lest saw h alive on free 67 , 1935; death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated ebove, et.
87 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importanca were es follows:
_ 8. Treda, profession, or particular	Collewselevis P.433
SAWYER, BOOKKEEPER, atc.	7.1.2
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Deta deceesed last worked et this occupetion (month and year)	
9 916	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) // Law Joseph (State or country)	Chronic my veur ditis, fuel ? 73
13. NAME Richard Garant	- Newston: Sarral years Crue
I NOGA	
14. BIRTHPLACE (city or town) England	Name of oparation Data of
	Whet test confirmed diagnosis? Wes there an au'opsy?
	23. If death wes due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) Shylam of (Stete or country)	Accident, suicide, or homicide?
X. Fra 1. C Eldrad	Where did injury occur? (Specify city or town, county and State)
(Address) 500 C at there for at	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place London Cark Date me & 1930	Natura of injury
Ad I &	
19. UNDERTAKER STAM T Denny	24. Was diseesa or fijury in any way ralated to occupation of deceesed?
Van of Money - h	(Signed) 1. (M. Varrice) M. D.
20. FILE / 1935/19 (The Registrat.	(Address) Doanous Com
The man blanks are maded at the Six B.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH ARRAY
1. PLACE OF DEATH	
County Solumes	Registration Dist. No.
Village or City	No. 1020 J St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	
(a) Residence: No. 16 3-3 3 7	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	6/9/1955
5a. If married, widowed, or divorced	(Month) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	6/9/ 1935 to 6/9/ 1935
6. DATE OF BIRTH (month, day, and year) 9, 19 35	I last saw h death is sald
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, at
ory min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	AMA
V 9. Industry or business in which	JAN 1000
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10 Date deceased last worked at this occupation (month and spint in this	
year) occupation	Oh. Carlon C
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME TO POST Taulke	1
13. NAME TO TOWN TOWN	Name of operation Date of
(State of obtainty)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Be sie Janul	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place asbury Cernely Date June 19.33	Manner of injury
1)18.0	Nature of injury
19. UNDERTAKER D. W. Totrasi of Son	24. Was disease or injury in any way related to occupation of deceased?
The state of the state of the	If so, specify
20. FILED ML 9 1 , 19 1 GULLINGE MO	(Signed) M. D.
If more blanks are needed, address State Registrar.	(Address)
	To the street of

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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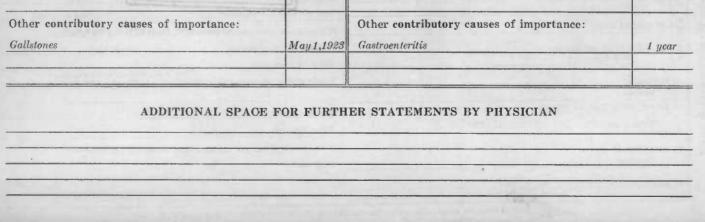
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

1		(/ 3 3 2 -
Exact	PLACE OF DEATH County Ralls	STATE OF MARYLAND CERTIFICATE OF DEATH
Y, P		Registration Dist. No.
EXACTL classif cate.	Village or City Eundal (No. 117 Willis 2FULL NAME Charles & O	St: Ward) Gif death occurred in a hospital or institution, give its NAME instead of street and number.)
ated Boberly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be study be presented ack of	Male Mute Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 10, 1935 (Month) (Day) (Year)
CE shoul	6 DATE OF BIRTH (Month) (Day) (Year)	June 14/34 192 to June 10/35,92 that I last saw h im alive on June 10/35, 192
iled. ACE ms so than nstruction	7 AGE 1	and that death occurred on the date stated above, at 12 35 m. The CAUSE OF DEATH * was as follows: Uremic coma.
y supp ain terr See in	(a) Trade, profession or Boiler Maker	Duration 3 days.
n plant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
ATH I	9 BIRTHPLACE (State or country)	Contributory Chronic interstitial Secondary Philipson 2 Ayrs. ? mos. ds.
hould b	10 NAME OF FATHER FURNISHED	(Signed) MyD.
CAUSE TION IS	OF FATHER (State or country) W 12 MAIDEN NAME	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T PA	of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
stat sco	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
ould of 0	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sh	(Informant) Harry le. Firmwalt	usual residence
Every item CIANS sh statement	(Address) 117 Williams An	Oak Lawn bem 6/12/1935
BEv	Filed Cof 11/35 Marine	Philips Herwig Sons Orleans SA
41)	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it gaged in domestic service for wages, as Servant, Cooling Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Furnity Ve to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Architect, single word or term on The ques-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death rapproved by Committee on Nomenclature American Medical Association.) "Traemia," "Weakness," etc., when a definite disease fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condi interstitial nephritis, cough; Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

2

properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	82:a
/ County Balto	Registration Dist. No.
/ Village or City Dundalk	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary E. Flack	
(à) Residence: No. Eastern ave En of north (Usualiace of abode)	Count Pd St., Ward. If nonresident give giv or lown and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the second	WED, word) 21. DATE OF DEATH
5a. If merried, widowad, or divorced	(Month) (Oay) (Year)
(or) WIFE of Edie H. Flack	22. 1 HEREBY CERTIFY, That I attanded deceased from
	, 19, to, 19, 19
U. DATE OF DIKTH (Month, day, and year)	D
7. AGE Years Months U Days If LESS 1 day,	
74 9 /0 orr	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SIndustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this exercision (most) and the this contraction (most) and the state of the secretarion (most) and the state of the state of the secretarion (most) and the state of the state of the secretarion (most) and the state of the state	
3 Industry or business in which	Circleal hemorrhage
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year) spent in this occupation (cupation this occupation this occu	
12 RIPTIPI ACE (city or town) Ballemore Md.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
1 2 2	
= -	
14. BIRTHPLACE (city or town) Bolto. Md. (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIOEN NAME SOLO STORES	23. If daath was dua to axternal causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Sara Sloves 16. BIRTHPLACE (city or town) Balto Md (State or country)	Accidant, suicida, or homicide?Oate of injury, 19
(State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Bessel Cooper (Address) Eastern an End Pour Point Rd	Spacify whather Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oate Oate	Nature of injury
19. UNOERTAKER HARRE M. Sinkley (Addrass) 7.37 E. E. Janes St.	24. Was disease or injury In any way related to occupation of dacaesed?
11, -40 11 1	(Signad) John H. J. Hendriksen tings
20. FILED 6/4 , 19 33 John S. Com	reco
Keg.	istrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of the and related of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
SUDILIUMAN	DI CAULT A	OTC Y CICTIFFIA	O T S T T T T T T T T T T T T T T T T T		Y TE T OF CASES



-	A-A	STATE OF MARTLAND	CERTIFICATE OF DEATH 100340
infor	state UPA.	1. PLACE OF DEATH	(131)
ا ا	F 3	County Baltimore	Registration Dist. No. 30
8	should f-oct	Village or City Woodlawn	Not office to Produce We
item	φ		death occurred in a porpital or institution, give its NAME instead of street and number)
2	(D)	Length of residence in city or town where deeth occurred	ds. How long In U.S. if of foreign birth?yrsmos
	CIAN	2. FULL NAME , Doufamine H	leagle
20	S	(a) Residence: No Xe fufton Road	St. Ward.
ORD	PHY ict st	(Usual place of abode)	If nonresident give city or town and State
i i	P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1≥	EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 30
K Z	٦.	male wall married	(Month) (Dey) (Yeer)
S E	fled	5e. If married, widowed, or divorced	
3 3	A C	HUSBAND of Martha Jane Meagle	22. I HEREBY CERTIFY, Thet I attended deceased from
R. E.	X 2	Mr. +240,842	May 20 ,192 , to June 30 ,193
d H	stated E properly certificate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Devs If LESS then	I lest sew h. Lay alive on the control of the contr
4	stated properly certifica	7. AGE Years Months Deys If LESS then 1 dey,hrs.	to heve occurred on the date stated above, et lo P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importence
2 2	sta pro ert	min.	were es follows:
2 2	be of c	Trade, profession, or perticuler kind of work done, es SPINNER,	TOP.
H H		SAWYER, BOOKKEEPER, etc.	Chrome Reparties anem
4	should it may n back	9. Industry or business in which work wes done, as SILK MILL, stone construction SAW MILL, BANK, etc.	
a X	sh it	10. Date deceased lest worked at this occupetion (month end / 90% spant in this 47	
		year) spant in this 22 occupetion	
	oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Carrolf County	Other Contributory Causes of importance:
	d.	(Stete or country) Mariland	010.10.4
S. F.	upplied terms, instri	13. NAME Bonjamin 4 for of	- Jamany
\$ 6	4 4	13. NAME Sonjamin Fleagle 14. BIRTHPLACE (city or town) - King ellling	Neme of operation. M. D. C. Date of
E	00	14. BIRTHPLACE (city or town) The Control (Stete or country)	In a straightendings h
) HALL	= 3	15. MAIDEN NAME KUTHERING ASPARALLE	
	ಲ ಡ	E CO OS I	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
Ž.	hould be car OF DEATH very import	Stete or country)	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
Z	be EA' imp	mus Buile a Fell o	(Specify city or town, county and State)
PLA	hould OF D	17. INFORMANT Wood allaws, Wed	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	should OF Di	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Ţ	n SE	Piece May Struy Mile Date My 3, 1935	Neture of Injury
WRITE	mation s CAUSE TON is	R Maller and the sail	- Lander Control of the Control of t
1	ESE	19. UNDERTAKER (Address)	24. Wes disease or injury in any way releted to occupetion of deceased?
22	(1)	The state of the s	if so, specify Arshua Helle was and
Z		20. FILED July 1, 19 35 Manhall B Wash	(Signed) Journal M.
		Registrar.	Modern N. Challe Street Politics Program Will S. N.
		a) more viente, are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

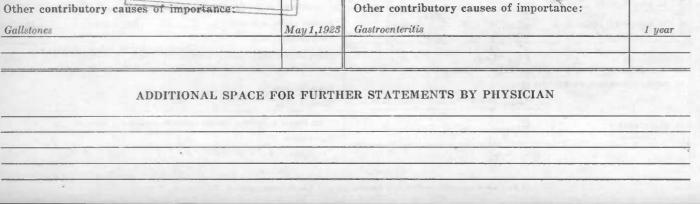
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example 1		Example 11		
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	HECKINER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage AMC 2 7055		July 5,1927	Perilonitis	3 days ago.	
	BUREAU V S				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	



MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
anall V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	RY	PHYSICL	AN

V. S. No. 1

B.

certificate.

See instructions

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR

Towson.

Md.

item of inforshould state of OCCUPA.

	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 06348
1. PLACE	OF DEATH			(210-m)
County	Baltimore			Registration Dist. No.
	or City Owings Mi			NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
	NAME Richard idence: No. Towson			St., Ward. If nonresident give city or town and State
PERS	ONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male			D (write the word)	June 15th, 1905.
5a. If married, w HUSBAND (or) WIFE	of of	nknown		22. I HEREBY CERTIFY, That I ettended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)			If LESS than 1 day,hrs.	I last saw h alive on 19 ; death is sall to have occurred on the date stated above, at 120 A m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance wege as follows: Fractured skull sustained In automobile accident.
9. Industry	MILL, DANK, att.	private		
10. Oata dacaased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation description in the spent in this occupation occupation 12. BIRTHPLACE (city or town) TOWSON, Balto. Co., Md.			entin this upation	Other Coatributory Causes of Importance:
□ 13 NAME	Alexander Fr	azier		*
13. NAME Alexander Frazier 14. BIRTHPLACE (city or town) Towson, Md. (Stata or country)				Name of operation Oate of What tast confirmed diagnosis? Was there an autopsy?
	NAME Rachel F	razier,		23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Long Green, Balto.Co., I (State or country)			alto.Co.,	Where did injury occur? (Specify city or town, county and State)
Daniel Frazier.				Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

skull Natura of Injury injury in any way ralated to occupation of decaased? 19. UNDERTAKER (Addrass) If so, spacify (Signad) Registrar. (Addrass)

accident

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	Luly 5, 1927	Peritonitis	3 days ago
REMEDIA		* ,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
PURIAD .			
		V V	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	e.
SISAP	stated	properly	certificat
r HIS	d be	y be	k of
VK-	shoul	it ma	n bac
AG IN	AGE	that	ous o
UNFADIN	pplied. 1	terms, so	instructi
TTH 1	ully su	plain	t. See
INLY, W	be carefu	EATH in	TION is very important. See instructions on back of certificate.
PLA	pluods	OF D	very
-WRITE	mation s	CAUSE	TION is
B	1	7	1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	06343
County Bello	Registration Dist, No. 3 /
Village or City Pate ulle	ND. 403 Resters from Pd St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME amelia holl Fre	luchs.
(a) Residence: No. 40 3 Rustus num Hd (Usual place of abode)	• St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) William 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of gustav Frelund	22. I HEREBY CERTIFY, That I ettended deceased from 1932 to June 15 1935
6. DATE OF BIRTH (month, day, and year) Link 1, 1855	Hast saw her alive on Gune 15, 1935; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 10 1 2 m.
79 5 15 lay, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebel Hemonty June 19
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Data deceased last worked at this occupation (month and year)	3
12. BIRTHPLACE (city or town) Trenton . M. J.	Other Contributory Causes of Importance:
	- Ag pulm
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
	What test confirmed diagnosis?
15. MAIDEN NAME Rosen Klein 16. BIRTHPLACE (city or town) Germany (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Joseph / Hemarkeyer.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place South Park Date June 19th, 1935	Manner of injury
19. UNDERTAKER Jobs. Weber + Som (Address) 2503 Edm onder to	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 17. 19 35 Dr E. E. he iled Registrar.	(Signad) Value M. D. (Address) Git-Wille. M. D.
70 11 1 11 11 0 2 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	5 Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
sing or file one from			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4

06350

1. PLACE OF DEATH	49-20
County Balto.	Registration Dist. No. 44
Village or City Midle River. Length of residence in city or town where death occurred 35 yrs.	No. Holly Neck. Rd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Sophia. Gaff	
(a) Residence: No. Holly Neck Rd. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the word like)	D. 21. DATE OF DEATH June 13/35 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of John T. Gaff	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS th 1 day, ormin.	I last saw h. D. alive on 19. 19. 19. 19. death is said to have occurred on the date stated above, at 4/30 mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property) specific property and	Carcinowa Och og ovary 1434
10. Date deceased last worked at this occupation (month and year) - spant in this occupation 12. BIRTHPLACE (city or town) Balto. Md (State or country)	Other Contributory Causes of Importance:
13. NAME Sebastian Krause	
14. BIRTHPLACE (city or town) Germany	Name of operation a partitude of Dec 3 What test confirmed diagnosis? Dec 1994. Was there an au opsy?
15. MAIOEN NAME Walburga Frise 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT John T Gaff (Address) Holly Neck Rd	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place of grand from 16,19	Nature of injury
19. UNOERTAKER LOLY & LUCLA for Andrews 20. FILEO 19. 3.) Connelly Registre	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) I O T Wasdeson's D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			TO KIND

/	IE OF MAR	RYLAND—	CERTIFICATE OF DEAT	H 06351
1. PLACE OF DEATH	, ,		(83)	2_
County 19al	thick		Registration Di	st. No. 00
Village or City Coa	honeu	ce	death occurred in a hospital or institution, give its NAME	St., Ward
Length of residence in city or to	own where death occurred		ds. How long in U.S. if of foreign birth?	
2. FULL NAME S	040.11	2		
	- 1 M	1 de a	0 4	- 10
(a) Residence: No. 8.	(Usual place		The state of the s	e city or town and State
PERSONAL AND ST			MEDICAL CERTIFICATE	OF DEATH
SEX 4. COLOR OR		RRIED, WIDOWED.	21. DATE OF DEATH	
male who	G Propivore	CED (write the word)	Yune (Month)	(Oay) (Yeer)
. If married, widowed, or divorced HUSBANO of	0			National Additional Control of the C
(or) WIFE of	No.		22. A I HEREBY CERTIFY.	That I attended deceased fro
18901	1 com	eon	June 1955, to fe	me 11 , 1935
DATE OF BIRTH (month, day, end y		noon	I last saw h elive on	, 19 31.; deeth Is se
AGE Years	Months Oays	If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et	→
457		ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes were as follows:	of importance Oate of one
8 Trade, profession, or perticula kind of work done, as SPI SAWYER, BOOKKEEPER, e	INNER.		0,	
		Mr.	Teneral laraly	ses
9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	ILL, luck		of the oura	ne loda
SAW MILL, BANK, etc		I time (years)		
this occupation (month and year)	I was a sale SI	pent In this		
0	3-04	1-	Other Contributory Causes of importance:	
(State or country)	27 and	dr.		
13. NAME	4		O-	/m
13. IVAIVIE	www		Conca	Ida
14. BIRTHPLACE (city or town) (State or country)	-		Name of operation	Oate of
			Whet test confirmed diagnosis?	
15. MAIDEN NAME	4		23. If death was due to external causes (VIOLENCE) fill I	n elso the following:
16. BIRTHPLACE (city or town)	4		Accident, suicide, or homicide? Da	te of Injury, 19
(State or country)	4	9	Where did injury occur?(Specify city or to	wn, county and State)
(Address)	Albert 7	ans.	Specify whether injury occurred in INOUSTRY, in HOMI	e, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOY	AL	Catour	Manner of injury	
Plecest Johns C	enuling Oate	e-14,1931	Nature of injury	7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
19/1/	1 . 1 / -	1	24. Was diseese or injury in eny way related to occupati	on of deceased?
O. UNOERTAKER (Address)	guirou	wing		ou or necessen: V. 2-61
(Auguss)	1111	9 19	If so, specify (Signed) (Signed)	
0. FILED	HCKL	alle.	(Address)	100
	If more blank to Contin	Registrar.	Taxe N. Charles Street Baltimore Properting 71 S. No.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHI	R STATEMENTS BY PHYSICIAN
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1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital of institution, give its NAME instead of street and number) SICIANS __ds. How long In U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode Il nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Yeer) 5a. If merried, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months If LESS than Days to have occurred on the date stated ebove, et. I day-hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance or ____ min. were as follows: Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. NO jo back Industry or business in which work was done, es SILK MILL, may SAW MILL, BANK, etc 10. Dete deceesed last worked at 11. Total time (years) this occupation (month end spent in this that ocaupetion Jo instructions 12. BIRTHPLACE (city or town) (Stete or country) FATHER I3. NAME See 14. BIRTHPLACE (city or town). Name of operation. (State or country) efully pla What test confirmed diagnosis? Wes there en eutopsy?____ MOTHER important. 23. If death wes due to external ceuses (VIDL ENCE) fill in elso the following: Ë Accident, suicide, or homicide?_____ Date of Injury____ 16. BIRTHPLACE (city or town) (State or country) DEA' Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods OF (Address) 18. BURIAL, CREMATION, DR REMO Manner of Injury Neture of injury_ 24. Was diseese or injury in eny wey related to occupetion of deceesed? 19. UNDERTAKE (Address) If so, specify Registrar. (Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH 06353
1. PLACE OF DEATH		940
County / Falt Cuit	re-	Registration Dist. No.
Village or City Coroa	e velle	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	//.//	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Jacob	. W. Dev	vague
(a) Residence: No. / Wood	Thurs a	√ ₹ St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE 5		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male white	SINGLE, MARRIED, WIDOWED,	(Month) (Oay) (Year)
Ta. If married, widowed, or divorced HUSBAND of Rosella Gen (or) WIFE of Rosella	gnagel	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	ne 30 th 1879	11ast saw h 1 alive on June 30, 1935; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
56 5	1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
3 Trade, profession, or particular kind of work done, as SPINNER,	utcher	70 100
SAWYER, BOOKKEEPER, etc	at cutter	Coronary mombous 07.
work was done, as SILK MILL,		
10. Oate deceased last worked at this occupetion (month and	spent in this	
year)	imore	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)		- Acker -
I deaman w Oo	ngnagel	- augua (2010)
Do 1+1		non
(State or country)		What test confirmed diagnosis? Level call Huwas there in eutopsy?
15. MAIDEN NAME Sophia Maa	sch	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME SOPHIA MAA 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
Mrs Rosella G 17. INFORMANT Woodlawn Ave	engnagel catonsville	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL LOUGON park	Oate July 2 nd 1	3 Manner of Injury
19. UNDERTAKER John Wells	ich	24. Was disease or injury In any wey related to occupation of deceased? 74.5
(Address) 2008 Only	aus	If so, specify
20. FILEO	Induar	(Signed) lives 11 towell M.
1025	Registrar.	(Address) La Toma vicea Hes

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones May 1,1923 Gastroentcritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-

V. S. No. 1

Length of residence in city or town where death occurred 35 yes most ds. How long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how long in U.S. If of foreign birth? yes how l	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06354
County Particular County Wilage or City Or town where depth occurred 30 yrs most of residence in city or town where depth occurred 30 yrs most of the control of residence in city or town where depth occurred 30 yrs most of the word in U.S. If of foreign birth? 2. FULL NAME Valuation Variation St., Ward. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR-OR RAGE 5. SINCLE, MARKIED, WIDOWED, ORD PHOVEDE (write the word) 5a. If merried, widowerd for divorced Husband or Case Birthest of Case Birth	1. PLACE OF DEATH	(000)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. d. 2. FULL NAME Library Control of the state and number? (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLON-OR RACE S. SINCLE, MARRIED, WIDOWED, Willow Control of Colon of the State of Country of Colon of Colo	County Balling	3 4
Length of residence in city or town where depth occurred 35 yrs mos ds. How long in U.S. If of foreign birth? yrs was which is a state of the control of the contr		
2. FULL NAME VILLIAM PARSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, ON DIVORCED (write the word) 5. If merried, widowed for divorced HUSBAND of (cap-there) 6. DATE OF BIXTH (month, day, and year) (Lug. 6. 1887) 7. AGE 7.		f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Comitte the wood) Sa. If merried, widowed or divorced HUSBAND 6. DATE OF BEKTH (month, day, end year) 6. DATE OF BEKTH (month, day, end year) 7. AGE Years Months Trade, profession, or particular side of work done, as SPINNER, ACT of work was store, as SILK MILL. SAWYER, BOUKKEPER, etc. 10. Dete deceased last worked as the store, as SILK MILL. 11. Total time (years) peril in them years) (State or country) 12. BIRTHPLACE (city or town) 13. NAME 14. BIPTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) Name of operation. What test confirmed diagnosis? Was there an autopsyl. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, saicide, or homicide? Accident, saicide, or homicide? Where did injury occur?	Win. KD 4	ds. How long in U.S. If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, WILL DATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY, That I attended deceased for converted to have occurred to the date stated above, at 1.7. 19.30. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to have occurred to the date stated above, at 1.7. 19.50. death is set to hav	2. FULL NAME Illiam Treston &	Ill.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 1. DATE OF DEATH 1.		
3. SEX 4. COLOR GR RACE Nacle Nacl		
Se. If merried, widowed or divorced HUSBAND of (ac) HIFE of ACE Years Months Days It LESS than 1 day, hrs. or min. Frade, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc. In Dete deceased isst worked at this occupation (month and year) It Dete deceased isst worked at this occupation (month and year) It Dete deceased isst worked at this occupation (month and year) It Dete deceased isst worked at this occupation (month and year) It Determines in which of the years of limportance were as follows: Where display the determines of the profession, or particular which is at a state above, at I. J.		
58. If merried, widowed by divorced HUSBAND of (ac) WHE of (ac) WH		6 V 193 V
HUSBAND of (ac) WHE of (ac) WH	50 if married widowed by diversed	(Month) (Day) (Year)
6. DATE OF BURTH (month, day, end year) (reg. b. 1887 7. AGE Years Months Days IT LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Date of work was done or work as	HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Were as follows: Were as follows: Date of Manual Cause of Importance were as follows: Date of Manual Cause of Importance were as follows: Date of Manual Cause of Importance were as follows: Date of Manual Cause of Importance Date of Manual C	jame c. Ville	Dec. 17, 1934, 10 June V, 1925
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAMEL AND	6. DATE OF BIRTH (month, day, end year) aug. 6. 1887	I last saw h Incalive on Many 18/ , 1984; death is said
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SIK MILL. SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAMPANA PARTICULAR AND		to have occurred on the date stated above, at 12.360, m.
Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Legal and this occupation (month and year) 10. Dete deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Manual Manual Material And Traces 18. MAIDEN NAME 19. Manual Material And Traces 19		wass so fellows:
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Trade, profession, or particular	milial maniference quelenos
work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Dete deceased iast worked at this occupation (month and year) Spent in this occupation (month and year) Spent in this occupation Other, Centributory Canses of importance: (State or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) Manuel of operation What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) State or country) Was there an autopsy? 16. BIRTHPLACE (city or town) State or country) Was there an autopsy? Accident, suicide, or homicide? Date of injury New edid injury occur?		10
10. Dete deceased iast worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Manual March	Industry or business in which work was done, as SILK MILL,	
this occupation (month and occupation is spent in this accuration occupation		
12. BIRTHPLACE (city or town). 3 or 10 g	this occupation (month and // epont in this 7 (2)	
(State or country) 13. NAME 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHP	201	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAMEMARY Restricted For Selection 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Maiden NameMary Restricted For Selection 18. Maiden NameMary Restricted For Selection 19. Maiden NameMary Restricted For Selection 19. Maiden NameMary Restricted For Selection 10. BIRTHPLACE (city or town) 11. BIRTHPLACE (city or town) 12. Maiden NameMary Restricted For Selection 13. Name of operation What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury New of operation What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury New of operation What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Where did injury occur?		Cargle Delevation
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Was there and autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Beautoffee Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Duddensly)
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Was there and autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Beautoffee Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	I IS. WAITE POLICE CHIEFEES SELLE	
15. MAIDEN NAMEN and Product del Haltanes (23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Beach govelle Accident, suicide, or homicide? (State or country) Managed General Country Where did injury occur?	4 14. BIPTHPLACE (city or town)	
- (State of County) Maccellage Where did injury occur?	The state of the s	What test confirmed diagnosis? Was there an autopsy?
- (State of County) Maccellage Where did injury occur?	E 15. MATDEN NAMPHONES THEORET & Albrier	
which did thijdly occur.	O 16. BIRTHPLACE (city or town) Jeans Constant	
(Specify city or town, county and Stale)	- (State of County) Manglewild	(Specify city or town, county and State)
17. INFORMANT May James C. The Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL		7.3-2200
place Pleasuret Learner Day 1936	(D) whit ld are	
Nature of injury	Gline I NITTIA	
19. UNDERTAKER 2000 at 19. UNDERTAKER 24. Was disease or injury In any way related to occupation of deceased? // O.		
(Address) Quinfiteen Ma	(Audiess) characters in	5. 6
20. FILED June 1, 1930 6. le Fouth M. A. (Signed) Charle M. Dush.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONAL	DI MUE	T. OTF	T. OICTILLIE	DIVIEWENTS	DI	FRISICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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	3	HAIE O	I MAK	LAND-	CERTIFICATE OF DEATH	6255
1	. PLACE OF DEA	TH .			93-70	0000
	County 22	Hemor	_		Registration Dist. No.	/
	Village or City	Dunds	alk		No. 78 Shipway st	Ward
	Length of residence in o	city or town where d	looth negurred //	/ (1) yrsmos	f death occurred in a hospital or institution, give it NAME instead of street an	d number)
	. FULL NAME	M/1 9	P. · 1 7	11 1.1		.mosds.
1		70000. 2	o's avec	u /fac	cuys	
	(a) Residence: No		(Usual place o	f abode)	St., Ward. If nonresident give city or town a	nd State
	PERSONAL AN	ND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX 4. COLO	OR OR RACE	5. SINGLE, MARR	IED, WIDOWED. (write the word)	21. DATE OF DEATH	
7	temale 1	shite	wido		(Month) (Oay)	, 193 (Year)
5a.	If married, widowed, or div HUSBANO of	osced	6.11:	,		
	(or) WIFE of	Leonge.	Setting	ed	22. May 19 1935 to Sure	d deceased from
6. I	DATE OF BIRTH (month, da	av. and year) a	bril 15	1859	I last saw h IV alive on June 4 193	5 : death is said
7. /		Months	0ays	If LESS than	to have occurred on the date stated above, at 9 55P m.	, udatii is saiu
	76	1	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profession, or p	articular	7		0 + 1 1 : 0 1	Oate of onset
음	kind of work done SAWYER, BOOKKE	EPER, etc	no	ul	Urlus clustre aidio vasculas	
UPA	midustry or business i work was done, as SAW MILL, BANK,	n which SILK MILL,			Diuse	· yrs.
OCCUPATION	10. Date deceased last wo	rked at	11. Total tin	ne (years)	Fobrita Presentania	- 2 days
	this occupation (mo	inth and		in this ation		
12.	BIRTHPLACE (city or town)	9	0 /		Other Contributory Causes of importance:	2
	(State or country)	aug	land	***************************************		
FATHER	13. NAME	Har	ris			
AT	14. BIRTHPLACE (city or to	own)	P		Name of operationOate ofOate of	
	(State or country)	00 . 1	ruknon	in	What test confirmed diagnosis? Clinical Sepur towns + 50	9mg 11
포	15. MAIDEN NAME	Elijabet	4 Harre	e	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
MOTHER	16. BIRTHPLACE (city or to	own)	unknow		Accident, suicide, or homicide? Date of injury	, 19
-	(State or country)	- 1	0 8		Where did injury occur? (Specify city or town, county and St	
17.	INFORMANT July	1. 6.	UCRER	*	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18.	(Address) 677 BURIAL, CREMATION, OR I	REMOVAL	ey old, A	undalk		
	Place Morela	./\ }	e Days June	u 8 1935	Manner of Injury	
		1 11	1. 40			210
19.	UNOERTAKER(Address)	2008 1	1 / Com		24. Was disease or injury in any way related to occupation of deceased?	
20	100 /0/b/2	50m	no Por		(Signed) A Howard Jun	7 M D
20.	FILEO OF GAZ	1a	- John JACU	Registrar.	(Address) 59 Dundalk ave.	
		If more b	lanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH 4 06356
1. PLACE OF DEATH	(3)
County Baltuna	Registration Dist. No. \$37
Village or City	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
e l'e R	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Saish 6	-an-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH 29 193.5
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of Wan. H. Gordon	22. I HEREBY CERTIFY. That I attended deceased from Muse, 27. 1935, to mul 29. 1935
6. DATE OF BIRTH (month, day, and year) Que 10, 1853	I last saw h LN alive on Jule 29 , 1985; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /Di20 a.m.
81 10 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	Ocule Grace Facluse Datof open
SAWYER, BOOKKEEPER, etc.	little Vulmonary Edema 6/27
3 Industry or business in which work was done, as SILK MILL,	ļ
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last workad et this occupation (month and year) occupation	
11.1.16	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	WHEN GO SCIENO TE TO PER SELLENCE ADIOLO-
	Custités (Chronia):
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sallie Christell	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
State or country)	Whera did injury occur?
17. INFORMANT Mus Manue Clavell	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place apeu Oate July 1, 1935	Nature of Injury
19. UNDERTAKER Wom, C. Burlington (Address)	24. Was disease or injury In any way related to occupation of deceased?
M . 20 MED (MC) I PI . A. I	(Signed) (3-W.1) MTuel :/ O (M.O.
20. FILED June 19.3 \$ William & le find Collaboration Registrar.	(Address) York Road, Seyus, M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example-II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Dafe of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	191ŏ 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06357
1. PLACE OF DEATH	92-0
County / Fallework	Registration Dist. No.
Village or City Calousville	No. Shooming and WSt., Ward lideath occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME VIU Traveis I	iaber
(a) Residence: No. Slooming dale ave	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR, OK RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Oay) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of June . Graher	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and yeer)	I last saw h aliva on, 19; death is sail
. AGE Years Months Days IT LESS than	to have occurred on the dete stated above, et 7,56 ft.m.
48 3 27 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER.	A.
SAWYER, BOOKKEEPER, etc.	Inguitary deserge Rus
work wes dona, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
10. Oate deceased last worked et this occupation (month and last spend in this occupation (month and last spend in this occupation occupation occupation last spend in this occupation occu	Ocute myseorditic.
2. BIRTHPLACE (city or town) Catousulle	Other Contributory Causes of Importence:
(State or country) A many loved	Cere Crae Feworskays 6-1-3
13. NAME John 7. Frater	
14. BIRTHPLACE (city or town)	Nama of operation. Rowe . Oate of.
(Stata or country)	What test confirmed diagnosis? With first Was there an autopsy? It
15. MAIDEN NAME Willer Sterseller	23. If death wes due to external deuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mes auch July Cut Calores	Specify whather injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Statement and Cuc Culture (8. BURIAL CRÉMATION, OR REMOVAL)	Mennar of injury
Place oredon tall Date fully 15, 19.3.	Nature of injury
19. UNDERTAKER Caston Hons	24. Was disease or injury In eny way ralated to occupation of deceased?
(Addrass) (lies of lity	(Signad) pouces offontel M.
20. FILEO. A. f., 192 Registrar.	(Address) allowastille -
	r. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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Other contributory causes of importance. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

N. B.

1. PLACE OF DEATH County Balts.	Registration Dist. No. 44
Village or City Bay Shore	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hyman Secen	If U.S. Veteran specify WAR
(a) Residence: No. 1726 %. Caffleton (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Married, Wioowed, OR Divorced (write the word) Married Married Married Married Married Married Married Married	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of (or) WtFE of Mollie Guen	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Oct. 13,1890	I last saw h elive on ; death Is sali
7. AGE Years 444 Months Days If LESS then	to heve occurred on the date stated above, etm,
8 8 1 day,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of onset
Trede, profession, or perticular kind of work done, as SPINNER, manufactures	lessidentes de alte due
SAWYER, BOOKKEEPER, etc.	accidency acan and
work wes done, as SILK MILL, Cambridgery SAW MILL, BANK, etc.	to drown con the Car steamer
kind of work done, as SPINNER, manufacturer SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month end yeer) occupetion.	annapolis, the Toll Sester line.
12. BIRTIIPLACE (city or town).	Other Coatributory Causes of importance: Death due to assidental desawaings
(State or country) Kussia	
13. NAME Zento I grael 9. Chines	
13. NAME 26 No Sarael 9. Chinas 14. BIRTHPLACE (city or town)	Neme of operation
(State or country) • Aussia	Whet test confirmed diegnosis? Wes there en au'opsy?
15. MAIDEN NAME Sibrush Chiras	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Sifrach Chiray 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT Joseph Rosenberg 11. (Address) 16002. Pulaski Dr.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury accidental drowning.
Place Herring Risk: Date June 23, 193	V- Neture of injury
19. UNDERTAKER Jack Levris Inc.	24. Was disease or injury in any way related to occupetion of deceesed?
(Address) 14396, 3alto 4.	If so, specify
20, FILED June 2 2 19 3 5 John J. Commelle	(Signed) Jenny 11. Regue Comme

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

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Every	MAINS	ement	
YD.	HASIC	state	
REC	F	Exact	
H	7		
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
E	E	y	te.
4	pa	erl	fica
S	tat	rop	ertil
S	9	e p	f ce
E	d l	d A	0 3
K-1	hould	t may	TION is very important. See instructions on back of certificate.
Z	60	it i	0.0
CON	AG	th	ons
D		08	ncti
FA	lied	ms,	stri
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LY	e C	TI	por
ALL	P P)EA	im
PL	ould	FI	ery
国	sh	0 3	A S
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W	nati	CAL	CIO
	H	7	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06360
1. PLACE OF DEATH	23)
County Ball.	Registration Dist. No. 40
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Varian 2. 1800	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Named	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad	
(or) WIFE of Charles W. nover	22. I HEREBY CERTIFY, That I attended deceased from 10 1935 to June 25, 1935
6. DATE OF BIRTH (month, day, and year) June 27-1874	Hast sawher alive on usue 26 1933': death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 109. m.
60 11 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Were as rollows: Mere as rollows: Date of onset 142 &
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased last worked et this occupation (month and spent in this	
SAW MILL, BANK, atc	
O 10. Date decaased last worked et this occupation (month and yaar) occupation coupation occupation	
20 0	Other Contributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Civerino my culture 1480
13. NAME lesse Gellingstea	
13. NAME JOSE GULLINGS 14. BIRTHPLACE (city or town) July (State or country)	Nama of operation
(State of Lounity)	What test confirmed diagnosis? Smean; XI Mayos there an autopsy? Sus
15. MAIDEN NAME Mary from	23. if death wes due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary from	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT Cleas. W. Prover (Address) Fork his	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place FORM W.L. Pinley Date June 27, 1935	Manner of injury
19. UNDERTAKER Clarence E. Cuthus (Address) Form mid:	24. Was disease or injury in eny way ralated to occupation of daceesad?
20 FILED 6/24/365 Palter DW/ Amont	(Signad) Clafford of Judson M.D.
Registrar.	(Address) V O-D-TK MA

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY	PHYSICIAN
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		12 10	
Other contributory causes of importance:		Other contributory causes of intrortance:	
Gallstones	May 1,1923	Gastroenteritis 30	1 year

1. PLACE O			OF MAR	YLAND-	CERTIFICATE OF DEATH 063	00
County					Pagistration Dist. No.	<
		llertor	1		No. Necker Ave. St.,	Wan
		101		(1	f death occurred in a hospital or institution, give its NAME instead of street and n	number)
				2Qyrsmo	sds. How long In U.S. if of foreign birth?yrsmo	isds
2. FULL NA						
(a) Reside	nce: No	Necker	(Usual plac	llerton	St., Ward. If nooresident give city or town and	State
PERSO	VAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX		R OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
Female	-	hite	Mar	P 100	June 25th	, 193.5 (Yeer)
5e. If merried, wide HUSBANO of						
(or) WIFE of	Got	tlieb A	. Hanf		22. That I attended	19 J
6. DATE OF BIRTH	(month, day	, and yeer) I	Dec. 5,	1858	1 last saw h Er alive on dune 25 = 1935	; death is sai
7. AGE Ye	ers	Months	Oays	If LESS than	to heve occurred on the date stated ebove, at _ 2 _ A _ m.	
	76	6	20	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and reletad causes of Importance were es follows:	Oate of onset
8. Trede, profe	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc				Angena Sectores	
SAWYER	business in	which		76	albusted all wells	1-0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and		- The state of the	1.1.0			
11113 0001	upetion (mon	th and	II. Totel	tima (years) ent in this		
year)			001	upetion	Other Contributory Causes of importance:	
12. BIRTHPLACE (c		Gern	ng nw		Mirrardial	
	,,,,	Die			men frainces	
E			any		White I	
14. BIRTHPLAC (State o	r country)	wn)9011i	rana		Name of operation What test confirmed diagnosts 11 Was there an all	21
置 15. MAIDEN NA	AME]	Finneau	ier		What test confirmed diagnosis The Was there an au 23. If death was due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NA	E (city or to	wn)			Accident, sulcide, or homicide? Date of injury	
≥ (State o	r country)	Germs			Where did injury occur?	
I7. INFORMANT		Charles			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
(Address) 18. BURIAL, CREMA	Neck	er Ave.	Fulle	rton		
			Date Jur	ne 27.1935	Manner of injury	
19. UNOERTAKER (Address)	7 4	rich Z	2 0	Low	24. Was disease or injury in any way related to occupation of deceesed?	Ho.
20. FILED.	25.1	35.4	P.M.G	Bacoy Registral	(Signed Willes 16. A. Willy Er Office (Address) 1031 M. Carbling -	M. I
		If more	blanks are needed,	address State Registrar,	Ham	Pool

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPAstated EXACTEX FOR BINDING properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PLAINLY, S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Balto Co.	Registration Dist. No. 35
Village or City Towson mad	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Mahala Harris	
(a) Residence: No. 1 & Co. M. Syn Ehanna	Agr. Ward.
(Véval place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	22, I HER EBY CERTIFY That i attended deceased from
(or) WIFE of James Harris	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 18 61- march 15, 1859	I last saw h ev alive on 3 19.0 3: death is sald
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
13 76 2 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	To ander Ulasoular Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cenal Desecuse)
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year) occupation	
12. BIRTHPLACE (city or town) Communst Con	Other Contributory Causes of Importance:
(State or country)	arteurselesons
13. NAME & Welly andrew	
13. NAME ON WISH OF COUNTY 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME LACEY 7	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT JA ASV J. J. A. A. L.	Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PEST CEMBATE 6-6 th, 1903 3	Manner of injury
19. UNDERTAKER BY Way + Manie W. Wright	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6/6 1935 G. M. Bacone	(Signed) Labour from M. D.
Registrar.	(Address) 1263 () List - Gold - and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Marie allera	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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Example 1		Example 11
The principal cause of death and relate causes of importance were as follows:	d Date of onset	The principal cause of death and related Date of onset causes of importance were as follows:
Arteriosclerosis	1915	Attack of cpilepsy 1 neek ago
Chronic interstitial nephritis	1921	Run over by street car
Ccrebral hemorrhage	July 5, 1927	Peritonitis 3 days ago
		JUL 6 1935
Other contributory causes of importance:		Other contributory causes of importance. I gear
Gallstones	May 1, 1923	Gastroenteritis 1 year

1. PLACE OF DEATH

	43-60
	Registration Dist. No.
	No Marth Px. Rd - St., Ward
lf	death occurred in a hospital or institution, give its NAME instead of street and number)
18.	ds. How long in U.S. if of foreign birth?yrsmosds.
	Hellin
	yejeen
-	K. St., Ward.
-	If nonresident give city or town and State
-	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	Jene 12 193 2
-	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
	or dead 19 to
•	i last saw h. er sure on June 12 , 19 45; death is said
1	to have occurred on the date stated above, atA_m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	my ocardial Iniliere Date of onsol
	sadema of lings Sudae
	agains of any
	Dther Contributory Canses of Importance:
	frat. Hesserlenscon
	arleskosclerosis.
I	
	Nama of agaration Move Date of
	Name of operation
-	What test confirmed diagnosis? Exame - Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury 19
-	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
4	
	Manner of injury
	Nature of injury
	24. Was disease or injury In any way related to occupation of deceased? 200.
	If no enceity
-	If so, specify (Signed) Howard a Foulke, Coroner
1	(Signed) 270 www u. Souther Comme
	(Address) Edgemere R J D & 10. mg

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 24.11 N. Charles Street, Baltimore Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. (31) Baltimore County REGISTERED NO north Pt Jerus (If death occurred in a hospital or institution, give its NAME Frederics instead of street and number.) 7 with Pour R + Yes unless (a) RESIDENCE. (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 Single, Married, Widowed, 16 DATE OF DEATH (month, day, and year) or Divorced (write the word) CERTIFY. Thor I attended deceased 5a If married, widowed, or divorced HUSBAND of 1. unel 2 (or) WIFE of 6 DATE OF BIRTH (month, day, and and that death occurred, on the date stated above, at ... 7 AGE Months If LESS than Years Days The CAUSE OF DEATH* wes as follows: 1 day.....hrs. or..... min. OCCUPATION OF DECEASED (a) Trade, profession or particulor kind of work (duration) ... (b) General nature of industry. business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) .(duration)yrs,mos, ...ds, (c) Name of employer 18 Where was disease contracted if not at place of death?. BIRTHPLACE (city or town) .. (State or country) Was there an autopsy?.. What test confirmed diagnosis? 11 BIRTHPLACE OF FATHER (city or topy) (State or country) (Signed) 12 MAIDEN NAME OF MOTHER *State the Disease Causing Death, or in deaths from Violent Causes. E . 2 13 BIRTHPLACE OF MOTHER (city or town mation CAUSE TION is state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spoce.) (State or country) 19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL Informant ADDRESS Filed Joseph Registrar

[Approved by U. S. Census and American Public Health Asso.]

salary), may be entered as Housewifc, Housework, only (not paid Housckeepers who receive a definite occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed report specifically the occupations of personsengaged At school or At home. Care should be taken to or At home, and children, not gainfully employed, as home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer "Laborer," "Foreman," "Manager," "Dealer," etc., Automobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the freman, etc. But in many cases, especially in industcct, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, Compositor, Archior term on the first line will be sufficient, e. g., pective of age. For many occupations a single word question applies to each and every person, irreshealthfulness of various pursuits can be known. The occupation is very important, so that the relative in domestic service for wages, as Servant, Cook, form part of the second statement. Statement of occupation .- Precise statement of business, that fact may be indicated thus: The material worked on may Never return

MUREAU

diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease rhage,""Inanition,""Marasmus,""Old age,""Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemorsymptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or stated unless important. the American Medical Association.) death approved by Committee on Nomenclature of tetanus) may be stated under the head of "contribufracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to INJURY and qualify as ACCIDENTAL, SUICIDAL, undertaken. "PUERPERAL scpticemia," "PUERPERAL peritonitis," vulsions," "Debility" causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of For VIOLENT DEATHS State MEANS OF ("Congenital," "Senile," etc.), Example: Measles (disease (secondterminal

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The maintained arms of death and all the	
	The principal cause of death and related eauses of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonilis	3 days ago
1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

18. BURIAL

19. UNDERTAKER

(Address)

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	00000
	Begintertian Diet No. 30
County Ballimore	Registration Dist. No.
Village or City Rayville	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
/	ds. How long in U.S. If of foreign birth?
2. FULL NAME Charles Henry Hill	41)
//	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mail - OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended daceased from
Morolly & pregion	Cyr, 1- ,1933, to June 4- ,1935
6. DATE OF BIRTH (month, day, and year) August 12, 1869	I last saw ham elive on June 3 - 19 357; deeth is said
7. AGE Years Months Deys If LESS then I dev. Q-hrs.	to have occurred on the dete steted above, at G+5D, Q+m,
65 9 23 respectively	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profassion, or particular	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	(eserval Vemorrhage,
9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
this occupetion (month and spent in this	
yeer)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland 1	\mathcal{T}
(Stete or country)	Certesia o Clerases
13. NAME Daniel Baker / Lelker	
13. NAME Janiel Baker Hilker 14. BIRTHPLACE (city or town) Mary Land	Neme of operation Date of
(Stete of Country)	What test confirmed diegnosis? Wes there en eulopsy?
16. BIRTHPLACE (city or town) Maryland	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
5 16, BIRTHPLACE (city or town Maryland	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Whera did Injury occur?
17 INFORMANTE of Our attheas & slilles	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

42 Canto

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 422
Village or City Lansdowne	No. 23 Second Ave. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Thomas T. Hoffman	
(a) Residence: No. 23 Second Ave. (Usual place of abode)	SX,X Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH June 4 1935 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hoffman	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Dec. 23 1861	I last saw h; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
73 5 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Money Mistria Meffrita
9. Industry or business in which	my carrier angenesses
work wes done, as SILK MILL, Unemployed SAW MILL, BANK, etc.	Judden Seath
10. Nate deceased last worked at this occupation (month end year)	Inquiry
12. BIRTHPLACE (city or town) White Hall (State or country) Md.	Other Coutributory Causes of importance:
13. NAME Jacob Hoffman	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or town) Beckleysville	
(Stete or country)	Name of operation Date of What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Keziah Alban	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Beckleysville	Accident, suicide, or homicide?
(State or country) Md.	Where did injury occur?
17.INFORMANT Jacob E.Hoffman (Address) 1800 Webster St.Balto. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Loudon Park Date June 8,1935	Nature of injury 1618 Leeds and Freak Reg
19. UNDERTAKER John St. Ballower Mad	24. Was disease or injury In any way related to occupation of deceased?
20. FILED LINES 1935 - Sellieffer Registrar.	(Signed) Asuff Jowas Coones (Address) Catonoolly Manyled.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- GBAIBBE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? yrs. mos. ds (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22 CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Month If LESS than to have occurred on the date stated above, at 1 day... The PRINCIPAL CAUSE OF DEATH and related causes of Importance 6 or ____ min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Data deceased last worked at 11. Total time (years) this occupation spent in this occupation. Other Contributory 12. BIRTHPLACE (city of town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (Stata or country) What test confirmed diagnosis? 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Data of injury _____ 19. 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify 20. FILED Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee." "worker." "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 06371
1) 1	(23)
County Ballimore Village or City Sparrow Point	Registration Dist. No.
Village or City Larran Count	No. /// St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 37 yrs	ds. How long in U.S. if of foreign birth?yrsmosd
E 2. FULL NAME Teon (B. Imm	
2. FULL NAME Jon B. Lower (a) Residence: No. 7// E (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward. If uonresident give city or town and State
(Countries of about)	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) So It married widowad or divorced The second or divorced or	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Emply R Janen	22. THEREBY CERTIFY, That I attanded deceased fro
0.0.11889	I last saw h last alive on Jasan le 19 53 death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 43 Hzm.
7. AGE Years Months Days If LESS than I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows: Date of onse
	Pulmonany Tuberaulano 1917
kind of work done, as SPINNER achumset for SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK Mute, the saw MILL, BANK, etc. In Data deceased last worked at this occupation (months and	7
SAW MILL, BANK, etc. — Schuletram Meet Co 10. Dato deceased last worked at this occupation (month) and spent in this	
this occupation (month and age spant in this occupation spant in this	
12. BIRTHPLACE (city or town) Baltim ore	Other Coutributory Causes of importance:
(State or country)	The state of the s
12. BIRTHPLACE (city or town) Baltim ore (State or country) mad 13. NAME John T. Irwin	
14. BIRTHPLACE (city or town) Baltimore	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Jurilla 13 Benjiman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Certal Co (State or country)	Accident, suicide, or homicida?
17. INFORMANTS Jivilla B Irwin (mother) (Address) 7/1 E st. Sparrow Pains mid	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oak Laure Date June 14, 1935	Nature of injury
19. UNDENTAKER John & Denny (Address) 715 Lillet St	24. Was disease or injury in any way related to occupation of deceased?
20. FILES (Mel / 2 th, 1935 / If Helion ies ?)	Signed July & Elled M. (Address) Shruni Punk
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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0	0	9	say	0
U	O	3	6	2

1. PLACE OF DEATH	Wa)
County BAltimore	Registration Dist. No. 32
Village Dr City Garrison (If Langth of rasidonce In city or town whara death occurred 20 yrs. mos	NoSt.,Ward I death occurred in a horpital or institution, give its NAME instead of street and number) Lds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME GEORGE Somerville Jackson (a) Residence: No. Garrison, Mary (and (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH JUNE 20 16, 193 5 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Anne T. H. Jackson	22. I HEREBY CERTIFY. The lattanded deceased from MMC 19, 1934, to MMC 101935
6. DATE OF BIRTH (month, day, and yaar) Surge 30 /865 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I Jast saw h / 100 aliva on
A Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, atc. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last workad at this occupation (month and yaar) SAW MILL, BANK, etc. 11. Total tima (yaars) spent in this occupation occupation	(fugina fectoria
12. BIRTHPLACE (city or town) Baltimore (State or country) maryland 13. NAME John James Jackson	
14. BIRTHPLACE (city or town) Lixex pool (State or country) England	Name of operation. What test confirmed diagnosis? C-/+111:44 P. Local P. L
15. MAIDEN NAME ESTER GILL 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland 17. INFORMANT HARTMANK HARRISON	23. If death was due to axtarnal causas (VIDLENCE) fill in also the following: Accidant, suicide, or homicide?
(Addrass) 1000 Folder Hill Rd. 18. BURIAL, CREMATION, DR REMOVAL Place St. Thomas Church, GARRISON JUNE 22, 19 30	Mannar of Injury
19. UNDERTAKER HENRY W. Jenkins + Jons. (Addrass) MCU/10/2 & Orchard S/S 20. FILED June 21, 19.35 Dr. E.E. Michaela Registrat.	24. Was disease or injury in any way related to occupation of deceased? It so, spacify (Signed) (Addrass) (Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deccased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		E	xample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dof importance were as for		
Arteriosclerosis	1915	Attack of epilepsy	2005	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	WW 58 F833	1 week ago
Cerebral hcmorrhage	July 5,1927	Peritonitis		3 days ago
			RUBBAU	
Other contributory causes of importance:		Other contributory cause	es of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY PHYSICIA
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. m

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0 0637.3
County Baltimore	Registration Dist. No. 35
Village or City Parlston and	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1 1- 10 M. C.	of a first and a second of the
2. FULL NAME William Henry Co	un jomson
(a) Residence: No. (Usual place of abode)	St, V Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male colored marind	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, I hat I attended deceased from
(or) Harrelt a Johnson	2.2 Just 2 8 1935 to June 16 19 35
6. DATE OF BIRTH (month, day, and year) april 2) 1869	i last saw h. i.M. alive on James 16 , 19 35; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated abova, at
69 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as rollows. Data of onset
SAWYER, BOOKKEEPER, etc.	Cerebral Themorlages Jame 15/55
9. Industry or business in which work was done, as SILK MILL, Tarm dabour	1
10. Data deceased last worked at this occupation (month and year) 1931 spent in this year) 4931	01-02-13-1-0
12. BIRTHPLACE (city or town) downselle	Other Cantributory Causes of importance:
(State or country) Kentucky	Hypertilision
13. NAME Benjamin gother	
13. NAME Benjamin gotholow 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?lux
15. MAIDEN NAME Winnie — formound 16. BIRTHPLACE (city or town) — (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
Citata of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Taule Tomas (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Luke's Date Jane 1 , 1935	
19. UNDERTAKER P. Markline Lon	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) White Hall Ind	If so, specify
20, FILED DAME 19 15 Driling British	(Signed) (1. Cn. France M.D.
Registrar.	(Address) (Fallow, Mg.
If many blanks are maded address State Projects and	24xx N. Charles Street Relaimore Pequestras 91 S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	- A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pluods Registration Dist. No. County Village or City (If death occurred/in a hospital or institution, give its NAME instead of street and number) Length of rasidence is city or town where death occurred. How long in U.S. if of foreign birth? CIANS S (a) Residence: No Ward. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVOREND (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I ettended daceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, dey, and year) 7. AGE Months If LESS then to have occurred on the date steted ebove, at ... 1 day,__ The PRINCIPAL CAUSE OF DEATH and related causes of importance or.____min were es follows: Date of enset Trada, profession, or particular NO kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. CCUPATI may back 9 Andustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.____ TO. Data deceased last worked at 11. Total time (years) this occupation (month and spant in this oc:upation ____ instructions Other Contributary Causes of Importanca: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Nema of oparation ___ in plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ HER very important. 15. MAIDEN_NAME 23 of death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?_____ Date of injury_____ 19____ OF DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnoy 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVA Manner of injury CAUSE Nature of injury. LION 24. Was disease or injury in any way related to occupation of decaased? 19. UNDERTAKER (Address) If so, specify >(Signed) egistrar. (Address) _ State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II
The principal cause of death and related causes, Date of of importance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis	5 Attack of epilepsy 1 week ago
Chronic interstitial nephritis	1. Run over by street car
Cerebral hemorrhage July	1927 Peritonitis 3 days ago
3	2.
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May t,	1923 Gastroenteritis 1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carciully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH-in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH-in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	(22.0)
County / Salto.	Registration Dist. No.
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U. S. if of foreign birth?yrsmos
2. FULL NAME James !!!	Estrucy
(a) Residence: No. //// #	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Hidower (write the word)	(Month) (Day) (28) (Year)
a. If married, widowed, or divorced HUSBAND of Late Mary Rearney	22. J I HEREBY CERTIFY. That I ettended deceased fr
DATE OF BIRTH (month, day, and year) august 2/1864	lian saw ham elive on June 125 1935 deeth is
. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 0 3 m.
70 10 26 1 day,hrs.	The River of Allews
S Trade profession or particular	Date of on
kind of work done, as SPINNER, Statused SAWYER, BOOKKEEPER, etc	Ceretval Homonhags 61/14
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	-
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributory Causes of Importance:
000 0 1	Name of operation Date of
(State or country)	What test confirmed diagnosis Penning Yar Was there an au opsy? 2
15. MAIDEN NAME Sarah Callison 16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mis. C. S. Hall Daughter	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Oak dawn Date July 2, 19.35	Nature of injury
19. UNDERTAKER Lilly & Zeiler Dre	24. Was disease or to ury in any way related to occupation of deceased?
20. FILE ULLE 20 15 19 15 19 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed) (Address) Partins on M
Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation:

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	:
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10376
1. PLACE OF DEATH .	(3)
County Mallmore	Registration Dist. No.
Village or City (13 ay Shore	No. St., Wal f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred 40_yrsmos	
2. FULL NAME Mary batherine	Kemh
(a) Residence; No. Boy Shore	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED write the word.	21. DATE OF DEATH
Jemsle While thanks	(Month) (Day) (Year)
5a. If married, widowed, and diversely the state of the s	22. I HEREBY CERTIFY, That I ettended deceased fro
(or) WIFE of Rozel Kemp	June 1/30 00 00 00 00 00 00 00 00 00 00 00 00 0
6. DATE OF BIRTH (month, day, end year) aug. 20-1869	I last saw h. alive on 2 1930; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et& Q.m.
65 10 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or particular	Date of onse
SANTEN, BOOKKELIEN, Eller	Chromoleplat 14
9. Industry or business in which work was done, as SILK MILL,	7/
SAW MILL, BANK, etc	- Ullsulor Cheeres Athan 397
this occupation (month and spent in this year) occupation	
Baltimore	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Marine (Carl) land
13. NAME Patrick I willy	
13. NAME of attich ully 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country), Algand	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Budget borcorcar	
15. MAIDEN NAME Braget 6 or Corcar 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
E (State or country) Yyllang	Where did injury occur?
17. INFORMANT annie L. Laufield	(Specify city or town, county and State) Specify whether Injury octasced in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bay Shoul me	
18. BURIAL, CREMATION, OR REMOVE	Menner of injury
Place MMOUCHUMAL Date 6/24, 193 5	Nature of injury
19. UNDERTAKER John q. Inglan	24. Was disease or injury in any way related to occupation of deceased?
(Aldrews) 3000 2 13 90 Tm-11	If so, specify
The state of the s	
20. FILED MIL 28 "1935 MA PHES Cornies M	(Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSI-

m

N. B.

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Filed 644/31

						063	77
Fillage or City Dundalk (No. 112 Patapsco Ave St.: War 2FULL NAME Infant Kendall PERSONAL AND STATISTICAL PARTICULARS SEX							
		-7-7			Registration	Dist. No	4-1
				Patapsco		d) (If death a hospita tion, give	occurred in a constitution of the NAME in factors and
PERSONAL	L AND STATIST	ICAL PARTICU	LARS	ME	DICAL CERTIFICATE	OF DEATH	н
		MARRIED, WIDOWED. OR DIVORCED		100000000000000000000000000000000000000	June 4,		
6 DATE OF BIRTH	June 4) (Day)	, 1.935 (Year)	17 I HEI	REBY CERTIFY, That I at	ttended the	deceased from, 192
7 AGE Sti	llborn	mosds.	I day hrs.	The CAUSE OF	DEATH * was as follows:		
particular kind o (b) General natur business, or estab which employed o	of work re of industry blishment in or (employer)			Contributory	(Durstion)	040 ₃ 0mpang.ppu	aaaaaaaaaaaaaaa
10 NAME OF FATHER	William N.			(Signed)	935 (Address)Dunda	lk, Md.	M. D
OF FATHER (State or continued of Mother OF MOTHER	AME			18 LENGTH OF	RESIDENCE (For Hosp		
OF MOTHER	E Baltin			At place of deathyrs	ds, In the	ateyrs	
(Informant)	William	n N. Kenda		Former or usual residence			
(Address	Dundalk.	Maryland	************************				. 19

Registras

20 UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., WILLOW Loborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective cf fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Solesmon. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The materia. single word or term on -Coal mine, etc. Wom-6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.:Y by Committee on cough; Chronic etc. The contributory affection need valvular Nomenclature of the heart diseose; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06378
1. PLACE OF DEATH	
county Baltemore	Registration Dist. No.
Village or City /alethorpe	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME John Kimme	, l
(a) Residence: No. / 1100 dside Are	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gurite the word) Market	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND ot	22. I HEREBY CERTIFY. That I attanded daceased from
(or) WIFE of Cerice W. Hunnel Nagle	april 13, 1935 to June 7 1931
6. DATE OF BIRTH (month, day, and year) June 24-1807	I last saw has alive on may 3/ , 1932; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on tha date stated above, at
77 11 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wera as tollows:
Irada, protassion, or particular kind of work dona, as SPINNER,	On the other
kind of work dona, as SPINNER, Baggay Muslus 9. Industry or business in which work was done, as SILK MILL, B. F.O. R. SAW MILL, BANK, etc	Clifted Athenhay Thy
9. Industry or business in which work was done, as SILK MILL, B. FO. B. R.	(Troplany)
0. Data deceasad last worked at this occupation (month and year) year)	
12 DIDTUDI ACT (side or Assure)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	arterio deles ses
13. NAME William / Sommel	
13. NAME Malliam / Armand	Name of operation Date ot
(State of country)	What test confirmed diagnosis? A Was there an autopsy? HO
15. MAIDEN NAME Mary ME Elmale.	23. It death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Mary M. Lenald. 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMAN Moodside line I Hale thone	Specity whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	Manner ot injury
Place oudon Parks Date June 10, 1933	Nature of injury
19. UNDERTAKER Bury H. Watyle	24. Was disease or injury in any way related to occupation of deceased?
(Address) 4101 Edmondate (a.	If so, specify
20. FILED June 9-, 19 33 Les Cieffe	(Signad) M. D. (Address) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- 1808 - 1808	
Other contributory causes of importance:		other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 17 NIII	1 year
		[M. M. 21]	
		1111	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Ballinine	CERTIFICATE OF DEATH
	6 401	A Registration Dist. No. 4/
	Village or City Dundalk. (No. 6914	St.: Ward) (If death occurred in a hospitule or institution, give its NAME in
	2 FULL NAME Runiyunda Lin	hner street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH JULE 13. , 1935 (Month) (Day) (Year)
	6 DATE OF BIRTH Sunt 2 , 1860	17 I, HEREBY CERTIFY, That I attended the deceased from
	7 AGE (Month) (Day) (Year)	
	75 yrs. 3 mos. // ds. or min.?	The CAUSE OF DEATH + was as follows:
	8 OCCUPATION (a) Trade, profession or particular kind of work	matastassing to lung molignant turnor prisoners
1	(b) General nature of industry business, or establishment in which employed or (employer)	in ovary/ Cwisa (Duration) vrs. mos de
	9 BIRTHPLACE (State or country)	Contributory oran an tumo with metasfasis to lumberson) / yes mos de
	10 NAME OF FATHER John Juffler	(Signed) Edwir Plassing M. I.
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER VNRNOWN.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
1	OF MOTHER (State or Country) Summer	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Eva Parnell	ususi residence
	(Address) 6914 Timway in	Holy Redeemer Jun 16. 130
	Filed 6/14/7.152 Amlarie	Jelly 1 2 ilenty 4534 Woll

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an tion applies to each and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same acceptpneumonia, Bronchopneumonia for the same disease. Examples: Cerebrospinal ("Pneumonia,

rtner correspondence.

ained before the certificate is

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, atic), use of "Tumor" for malignant neoplasms); Measles, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify al "(Exhaustion," "Heart failure, "Shock," "Shock," "Old Age," "Shock," stated unless important. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Associa (secondary of the organization of the If this certificate "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Commi cough; or intercurrent) Chronic statement of cause of Example: Measles (disease ion.) er thoroughly and a'l questions etc. The contributory valvular heart affection need Nomenclature not disease;

1. PLACE	OF DEATH			(131)	
County	Baltimor	e Count;	7	Registration Dist. No.	~
Village or	City Bloomfie	Ld		No. St.	Ward
Longth of m	and an alternation of the state			f death occurred in a hospital or institution, give its NAME instead of street and n	number)
				sds. How long in U.S. if of foreign birth?yrsmo	isds.
	AME Ellswort				
(a) Reside	ence: No.517 Hopk			St., Ward.	
PERSO	NAL AND STATIST	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX	NAL AND STATIST				
Male	White		RRIED, WIDOWED,	21. DATE OF DEATH	1025
		1.202.2.2		(Month) (Day)	(Yeer)
5a. If married, wide HUSBAND of				22. I HEREBY CERTIFY, That I attended	deceased from
(or) ₩IFE of	Gladys M. (n	lee Carl	isle)	funcil 1930 to forme 3	
6. DATE OF BIRTH	f (month, day, and year) AU	g. 10.	1906.	I last saw h 17 aliva on SonE 30 ,1934	: death is said
	ears Months	Days	If LESS than	to have occurred on the data stated above, at 11 77 m.	
28	10	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, pro	fession, or particular			CHEUMATIC HEART DISTASE	Date of onset
SAWYE	fession, or particular f work dona, as SPINNER, E ER, BOOKKEEPER, etc.	Boiler N	laker		
9. Industry of work w SAW M	r business in which was done, as SILK MILL.				
SAW M	IILL, BANK, etc.				
	ased last worked at cupation (month and	sp.	time (years) ent In this		
year) _	D-7-44-		cupation	Other Coutributory Causes of Importance:	
t2. BIRTHPLACE (CHEONIC NEPHRITIS	Nov
(State or co					
13. NAME L	ouis E. Klei				
4 14. BIRTHPLA	CE (CITY OF TOWN)	imore		Name of operation	
(State		land		What tast confirmed diagnosis? Was there an a	u¹opsy?
15. MAIDEN N	IAME Mary J. K			23. If death was dua to external causes (VIOLENCE) fill In also the following	: 1
		timore,	~~~~~~~~~~	Accident, suicide, or homicida? Date of Injury	, 19
1 (State		yland		Where did injury occur? (Specify city or town, county and State	
	Mrs. Gladys 517 Hopkins		.n	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMA	ATION, OR REMOVAL	(F7 F7 F	- Manner of Injury	
Place	udon/Pk.	Date Jul	у 3, 19 35	Nature of injury	
	Harry 7	(111)	Lec		NO
19. UNDERTAKER :		Ion A	3	If so, specify	
	. 1 /35-1	ON TWO	1/1/	(Signed) (Solward J. Welan	→ M 0
20. FILED	1900	In Im	Reffe	(Address) 682 WASHINGTON G	e us
			registrar.	" (710,01633) - 5-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	

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9.—The industry or business in which the work was done.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritisC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	M	I			1	l	,		ſ]	17	,			(ĺ]	,	Š	182	6		Z	ì	Ì	Ĭ	H	J	b	ľ]		7	Y	3	3	B]		3	16	Г	1	•	1	V	1	ľ	ľ		3	E	I		Į	V.	ľ		3	ŀ	1	9	1	F	L	3	1	4	9	[1		3'	S	3	į	,	1	3	R	I		3	E]		I	Ļ	I	1	ľ	I			3		Į		ľ	J		Ĺ	ĺ	1	-	4.	9	1	4	ĺ	I]								2	ξ	3	3	3	3	3	3	3	3	3	3	3	3	3	3	-	-	ŀ	I	I	J	J	1	Ì))
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06382
County Baltimas	Registration Dist. No. 30
Village or City Cadonoulle	No. Africa Grave Horfs St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurredyrs,mos.	
2. FULL NAME TRerloa Scress	
(a) Residence: No. 19 W Le. (Usual place of abode)	St., Ward. Baltimore. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATS (13 1935
5a. If marriad, widowed, or divorcad HUSBANO of	(Month) (Day) (Yaar)
HUSBANO of (or) WIFE of John Krass	22. 7 I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) (187/	I last saw her alive on Seeme 13 1935 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6
63 10 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of Importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Certal Hemorphase / hou
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	apopley
10. Date deceased last worked at this occupation (month and year) 1925 occupation (Month and year) 1925	Paralysia
12/2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Witerr Volerosis 4 mad
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Nama of operation
	What tast confirmed diagnosis?
16. BIRTHPLACE (city or town) Baltum on	23. If death was due to external causas (VIOLENCE) fill In also tha following:
0 16. BIRTHPLACE (city or town) Bellum on	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LUM Weegand (Addrass) 19 W Zee 2 4	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Oak Oate Of / 0 / 5 , 19	Nature of injury
19. UNDERTAKER Manguelt of Olyman (Addiess) 1407 / Julia St	24. Was disaasa or injury in any way related to occupation of dacaasad?
20. FILEO 6 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	(Signad) ROCK E. Janett M.D.
Registrar. If more blanks are needed, dadren Sante Registrar,	(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

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MANENT	ACTLI	assified.	
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NK-T	should	it may	n Dack
T-NI DII	AGE should	so that it may	ctions on back
UNFADING INK-T	upplied. AGE should	terms, so that it may	e instructions on back of certificate.
WITH UNFADING INK-T	efully supplied. AGE should	in plain terms, so that it may	ant. See instructions on back
INLY. WITH UNFADING INK-T	be carefully supplied. AGE should	EATH in plain terms, so that it may	important, see instructions on back
RITE PLAINLY. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	On is very important, see instructions on back of certificate.

SIAIL C	F MAR	YLAND—	CERTIFICATE	OF DEATH	06383
County Bala	- (5		(2)	Registration Dist. No.	40
17	10		Ma	" " uegistiatibii pist. Mp."	O4 Wd
Village or City		(19	death occurred in a hospital or institu	ntion, give its NAME instead of	St.,Ward street and number)
Length of residence in city or town where	leath occurred	yrsmos	ds. How long in U.S. if o	of foreign birth?yrs	ds.
2. FULL NAME Stu	Olarm	Lancas	ter		
(a) Residence: No.	~~~~		St., Ward.		
	(Usual place	of abode)		If nonresident give city or	
PERSONAL AND STATIST	ICAL PARTI	CULARS		ERTIFICATE OF DE	EATH
Male 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of		4 9 S 2 2 N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(or) WIFE of		tight by invi	22. I HEREBY	Y CERTIFY, That I	attended deceased from
A DATE OF BERTH	sune 6	, 1935	I fast saw h alive on		19 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	If LESS than	to have occurred on the date state		., 13, ucath is said
		1 day,hrs.	The PRINCIPAL CAUSE OF DEAT		tance
8. Trade, profession, or particular	1	ormin.	were as follows:	140	Date of one et
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc			() LOUIS COOK	<i>v.</i> ····································	
9. Industry or business in which					
SAW MILL, BANK, etc			-		
10. Data deceased last worked at this occupation (month and	11. Total t	ime (years) nt In this			
year)	0001	upation	Other Coutributory Causes of impo	ortanca:	
12. BIRTHPLACE (city or town)	7,		-		
(State or country)	1 2	- 1 /	-		
13. NAME 14. BIRTHPLACE (city or town)	L' ran	tastr	4	9	
14. BIRTHPLACE (city or town)	ug.		Name of operation		Date of
(State of Country)	8 . 0	0 0	What test confirmed diagnosis?		
15. MAIDEN NAME OF MANUS	2000	~~	23. If death was dua to external car		
15. MAIDEN NAME Francis 16. BIRTHPLACE (city or town)	Med.		Accident, suicide, or homicide?	Date of inju	iry, 19
≤ (Stata or country)	9	7-	Where did injury occur?	(Specify city or town, coun	ity and State)
17. INFORMANT WWW.	Lauce	mor	Specify whether injury occurred in	n INDUSTRY, in HOME, or in P	UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	nig	, ~			
Place Lok Mil Cent	Date Vern	2 6 ,35	manner of injury accesses		
00	- 6 -	7	Natura of injury		
19. UNDERTAKER Carent	, au	w	24. Was disease or injury in any w	vay related to occupation of dec	eased?
(Address)	mala	22. 12.17	If so, specify	Vand H	Aran
20. F196 9/3 5 A Kallen	/V/YU/	Registrar.	(Signed) (Address)	Fail,	med M.
If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, R.	equesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSIC	CIAN
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DEATH

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M		should state
	RECORD	PHYSICIANS should state of OCCUPATION is very
SINDIG	A PERMANENT	stated EXACTLY. PHYSICIANS should state ad. Exact statement of OCCUPATION is very

STATE OF MARYLAN PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred is a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 19130 WIDOWED, ORDIVORGED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If VESS than and that death occurred on the date stated above, at... OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) to the of death _____ yrs. ____ mos. ___ ds. State _____ yrs.___ Where was disease contracted. If not at place of death? Former or (informant)usual residence. 0 OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

EGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 06385
1. PLACE OF DEATH	15
County Dalfamon	Registration Dist. No. 38
Village or Gity Batonseylle	" Hh . " " . " . " . " . " . " . " . " . "
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,Omo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Wm Zan Oon Rold	Learning to the second of the
(a) Residence: No. My of Roberton al	St. Mc Ward. Stemmers dun P.O.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
hale wate many	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) - (Year)
(or) WIFE of Colors of Langenhallen	22. I HEREBY CERTIFY. That I attended deceased from
0122	100 19 do 34, to June 5 1935
6. DATE OF BIRTH (month, day, and year)	I lest saw h alive on 1933; death is seld
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, at
47 10 10 ormin,	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER	Date of oneset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Cersoro Church
Industry or business In which work was done, es SILK MILL, SAW MILL RANK at	Auptailes 6mg
SAW MILL, BANK, etc	
this occupation (month and year) 9-34 spent in this occupation Luck	OK John al Lagle Coroner
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Dalture (State or country)	Strangulation
	Hawaiig
13. NAME GO Langenfolder 14. BIRTHPLACE (city or town) Lenderson	(Sencide
14. BIRTHPLACE (city or town) lenksown	Name of operationDate of
(State of country)	What test confirmed diagnosis? Cluves t It was there an au'opsy?
15. MAIDEN NAME LENGTH 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suscide Date of injury June 5, 1931
(Stete or country)	Where did injury occur? Share State Holf
17, INFORMANT Dancha Law gon folde	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Middle Rock, el M.	Show Some State Host
18. BURIAL, CREMATION OR REMOVAL	Manner of injury House
Plecoallain Date July 1, 1935	Neture of injury Strangeldtion
19. UNDERTAKER Pickart Curley Fre	24. Was disease or injury in eny way related to occupation of deceased?
(Address) (10 6 9 L) Contu (19)	If so, specify
10 51150 VILLE 1 1025 MIRES 100 03 1 10	(Signed) marshall B west AMD
20. FILED Luce 6, 1935 Marshall B West Registrar	(Address) Catomalle med
If more blanks are needed address State Periodian	A Chala Chala Chala Chala Dalia Dan Gal C N

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

BINDING

RESERVED

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	06387
HTAS					

1. PLACE OF DEATH	[F]-Q)
County Baltimore	Registration Dist. No. 3-3
Village or City Owings mills, Ind	No Rosewood State Training Solval Ward
_ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?mosds,
2. FULL NAME Richard Lindenstru	th
(a) Residence: No. Rosewood State Training	Sockool Ward.
Ouring (Usual place of abode) Will	ls hul If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH lune 22 m35
White ringle	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of	June 14 1934 to June 22 19 35
6. DATE OF BIRTH (month, day, and year) aug 26, 1917	I last saw hum alive on June 2 2 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 21000 m.
17 9 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
9 Trade protession as postinular	ware as follows:
8. Itada, profession, or particular kind of work done, as SPINNER, Survate Rosewood SAWYER, BOOKKEEPER, etc. State Chaining	1.11/25
SAWYER, BOOKKEEPER, etc. State Crassing 9 Industry or businass in which work was dona, as SILK MILL, Mills 10. Date deceased last workad at this occupation (month and	acute Infections
work was dona, as SILK MILL, wills, will	arthretis
Spent in this	(Lell Knee Sound)
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Baltimore Co., Jud	
(Stata or country)	Streptococcus 6/19/35
13. NAME Peter hundenstruth 14. BIRTHPLACE (city or town) war face of country)	Bacteremia
14. BIRTHPLACE (city or town)	Name of operation Date of none
(State of Country)	What tast confirmed diagnosis? Clinical Was there an autopsy? The
16. BIRTHPLACE (city or town).	23. If daath was due to axtarnal causes (VIOL ENCE) fill in also tha following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
X (State or country) Maryland	Whara did Injury occur?
17. INFORMANT Institution Reards	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rosewood Stated raining School	•
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Taskwood Cen Data June 24, 1935	Natura of injury
19. UNDERTAKER John Ullrich	24. Was disease or Injury In any way related to occupation of dacaased? 200
(Addrass) 2008 Orlean H.	If so, specify
20. FILED MC. 22, 1935 A. M. Stade	(Signed) George C. medary M.D.
Registrar.	(Addrass) Owings hulle Jul.
200 11 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Data of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	OR I	FURTHER	STATEMENTS	BY	PHYSICIA	N
TEDDATEGINE	DI ZIOLI	OIL	r Ole I IIIIII	DIVITINITIATO	DI	THISTOIM	44

ould state	1. PLACE OF DEATH County County	Besides No. 11			
y iten S sh t of	Village or City ones Creas	Registration Dist, No. No. No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. How long In U. S. if of foreign birth? yrs. mos. ds.			
CORD. Every PHYSICIANS oct statement	2. FULL NAME Still form infant (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State			
RECORD PHYS Sxact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH we 29# 1935			
DIN AN A C ssife	be. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY. That I ettended deceesed from			
A P red	6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than-1 day, he	THE FRINCIPAL CAUSE OF DEATH end related ceuses of importence			
VED THIS Id be ay be ck of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Date of Date o			
RES NG IN AGE that ions o	10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) Surve Create (State or country) Baltis Survey Create (State or country)	Other Contributory Causes of importance:			
MLITH U	13. NAME Hrank Lombarde 14. BIRTHPLACE (city or town) R 9 (State or recomptry)	Neme of operation Date of			
PLANCY, WI hould be carefu OF DEATH in 1 very important.	15. MAIDEN NAME SAME SAME SUllium of 16. BIRTHPLACE (city or town) (Stete or country)	23. If death wes due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?			
	17. INFORMANT / Sayart & Lonwards (Address) Jones Creek 18. BURIAL, CREMATION, OR BEMOVAL) Henry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Menner of injury			
-WRIT	19. UNDERTAKERY admital fatoratory (Address)	Nature of injury 24. Wes disease or injury in eny wey related to occupation of deceased?			
N. S. N.	20. FILED June 30 th, 1935 / H. H. Jonnes Ch. J. Registrar.	(Signed) (Address) Marvous Coin M. D.			
	If more blanks are needed, address State Registra	, 2411 N. Charles Street, Baltimole, Requesting U. S. No. 1.			

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:			
	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. E.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	1				

info	stat	UPA	1
Jo	plu	CC	
-WRITE PLANAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
ery	SZ	ent	
E	E	tem	
g	IYS	sta	
BC	PI	xact	
I W	×	A	
EN	TL	ied.	
IAN	AC	issif	
ERN	EX	cla.	e.
N P	ed .	erly	ficat
IS	stat	prop	erti
IIS	pe	be	of c
TI-	plu	lay	ack
NK-	sho	it m	u p
G I	GE	hat	ns o
DIN	¥.	so t	ctio
FAI	lied.	ms,	stru
Z	ddn	ter	e in
TH	ly s	lain	S
WI	eful	in p	ant.
LY,	car	TH	port
É	l he	EA	im
PL	our	FI	TION is very important. See instructions on back of certificate.
TE	u sh	(E 0	is
VRI	ation	AUS	NO
1	m	C	E

1. PLACE OF DEATH	(82-0)
County Ballo	Registration Dist. No. 30
Village or City Calounelle	0 1-11
(1	No. St., Ward f death occurred in a hyppital or institution, give its NAME instead of street and number) s
2. FULL NAME Laura Catherine Lyon	3.
(a) Residence: No. 829 W 36 St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Jamele 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Was 4-1869 7. AGE Years Months Jays If LESS than 1 day,	to have occurred on the date stated above, at 8 P m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 4. Louise Last work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation.	Cerebral Hemanhage 6 940
12. BIRTHPLACE (city or town) Ceuler Pacif (State or country)	Other Contributory Causes of importance:
13. NAME Was how. 14. BIRTHPLACE (city or town) - 40 octol Co. (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT My Slodys Ly en. (Address) 829 WH 36 M	(Specify city or town, county aud State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Woodland Date June 27, 1931	Manner of injuryNature of injury
19. UNDERTAKER Walls & mc hames	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 24, 1935 marshall B wish	(Signed) Marstall 13 Web M. D. (Address) Oaton Dle Just

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1931	Run over by street cor	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	200	Other contributory causes of importance:			
Gollstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	C	2	0	11
0	U	0	J	U

1. PLACE OF DEATH	(210-m)
County Baltimore	Registration Dist. No. 44
Village or City Middle River	No. Costern Cora Rd. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME rederich a. marke (a) Residence: No. 2060 Castern are.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE That S. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) That	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Cleanora (mc Donald) (or) WIFE of Cleanora (mc Donald)	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) nuch. 1st 1910	I last saw h alive on, 19; death is said
7. AGE Yaars Months Days If LESS than	to hava occurred on tha date statad above, atm.
25 3 7 1 day,hrs.	ware as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEPER, etc.	Compound tracture
Industry or business in which work was done, as SILK MILL, Schlu. Kurdle Co. SAW MILL, BANK, etc.	of Skell: automobile struck
11. Total time (years) this occupation (month and yaar) occupation	a controle coursely cansing it to merrone
12. BIRTHPLACE (city or town) Bulto.	Other Contributory Causes of importance: The automobile was travelling westward
(State or country) md.	- st a high rate of speeds
13. NAME foreigh marbing.	
(State of Country)	Name of operation Date of Date of What test confirmed diagnosis? Was thara an au'opsy?
15. MAIDEN NAME 2 2 1 hours	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 9 Factful 60.	Accident, suicide, or homicide? Occur Delembate of injury June 8, 19. 3.2. Where did injury occur? Middle River, Boltimere Juney Made
17. INFORMANT Mis. Cleanora marbing.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL'S Place reday File Date Line (1) 19.3.1	Manner of injury - automobile accident
ab Field W	Nature of injury
19. UNDERTAKER 77 10 7 Boston Cive	24. Was disaase or injury in any way ralated to occupation of dacaasad?
Survey of the land of the	(Signad) Fred W young QP. Mrs.
20. FILED - 19.3 9 19.3 - Comment	(Address) Octomes (Hors Aver)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915 1921	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		Run over by street car	1 week ago 3 days ago	
Cerebral hemorrhage	July 5,1927	Peritonitis		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
100 SE 1638				

stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	207-777
County Tallance	Registration Dist. No. 44
Village Dr City Chesar Party	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsr	losds How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John mark	· Joi
(a) Residence: No. Dischare Cove	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male that Longle	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 2n · 7 - 192.3	
7. AGE Years Months Days If LESS than	I last sew h
/2 5 // ldey,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	
SAWYER, BDOKKEEPER, etc	My fuctura of
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Jan
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Jandustry or business in which work wes done, es STILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yeer) occupation	for the state of t
Cl C T	Dther Contributory Causes of importance:
12. BfRTffPLACE (city or town) - Charles (State or country)	
7 7 7 7	0
I IP - b	
(State or country)	Name of operation
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT In John le martin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Character Males. 18. BURIAL, CREMATION, OR REMOVAL	Manage of Falum.
Piece Ben Lert town Date Jun 29, 193	Manner of Injury
1 11 1 16/ 01	
19. UNDERTAKER (Address)	24. Wes disease or Injury in any way related to occupation of deceased?
The standard of	(Signed) John H. J. Hundrichsen M. D.
20. FILED June 29, 1935 July Jamelly Registrar.	(Aldress) Eastern are Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Corner

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH		82-20)			
County Baltimore		Registration Dist. No. 32			
Village or City <u>Eccleston</u> Length of residence in city or town where death occurred 40	(If O_yrsmos	No. Out sideSt., death occurred in a horpital or institution, give its NAME instead of street and rds. How long in U.S. if of foreign birth?yrsm	Ward,		
2. FULL NAME Edward H. McKeon					
(a) Residence: No. Eccleston, Md. (Usual place of	abode)	St., Ward. If nonresident give city or town and	State		
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE White S. SINGLE, MARRI OR DIVORCED Married	(write the word)	21. DATE OF DEATH June 25 (Month) (Dey)	, 193_5 (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice R. McKeon		22. I HEREBY CERTIFY, That i attended January 28 1933 to June 25	deceased from		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 6.2 61 5 11	878/1874 If LESS than 1 day,hrs. ormin.	I last saw himalive on_June_23	; death is said		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. President. 9. Industry or business in which work was done, as SILK Mittimore Belting SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total times spent occupation of the same occupation occupation occupation.	g Company le (years) in this ation 35 yrs				
12. BIRTHPLACE (city or town) New Orleans (State or country)		Gerebral hemorrhage			
HE 13. NAME McKeon 14. BIRTHPLACE (city or town) New Orleans (State or country)		Arterial hypertension Name of operation What test confirmed diagnosis? Clinical Was there an			
15. MAIOEN NAME Kate Grantham 16. BIRTHPLACE (city or town) New Orleans (State or country) 17. INFORMANT Mrs. E. H. McKeon		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19 te)		
(Address) Eccleston, Md. 18. BURIAL, CREMATION, OR REMOVAL Place St. Thomas, Garrisonte June		Manner of injury			
19. UNOERTAKER Henry W. Jenkins & Sons (Address) McCulloh & Orchard Sts., 20. FILED June 26 , 1935 Dr. E. E.	Balto . Md	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	M. D.		

V. S. No. 1

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORRECTION OF AGE: letter filed 7-24-35 under DR. NICHOLS.-Bureau of Vital Statistics, Md. State Dept. Health, Balto. Md. - LL

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MARGIN RESERVED FOR BINDING

V. S. No. 1

			TE C	OF MAR	RYLAND—	CERTIFICATE	OF DEA	TH $_{00}$	5393
-	L. PLACE OF		eline I	1		3			1
		Balle	no				Registration [Dist. No.	1
	Village or Ci	ity /Yal	etho	yse		No. death occurred in a hospital or institu	ution, give its NAME	instead of street an	Ward
	Length of resid	dence in city or	town where	deeth occurred		ds. How long in U.S.II			
1	2. FULL NAM	ME BO	hy 1	Bay.	maune				
	(a) Residence	ce: No.	1 Kal	the	so), mel	St., Ward.			
-	(-)			(Usual pla	e of abode)			rive city or town a	
_				ICAL PAR	TICULARS		ERTIFICATE	OF DEATH	
3.	SEX	4. COLOR OR	_		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH		2	4.
_	m	1 2	7	1	ugle:		(Month)	(Day)	, 193 (Yeer)
5a.	. II married, widowe HUSBAND of	ed, or divorced				22. I HEREB	YCERTIFY	V That I attend	ad deceased from
	(or) WIFE of				Table I was a great	2 3	1	3	1930
6.	DATE OF BIRTH (month, dev. end	veer) 5	Ganel 1.	3. 1935	l last saw harman slive on	Sumo 3	, 19 3	5 death Is said
	AGE Year		Months	Deys	If LESS than	to have occurred on the date stet	ted ebove, at \$3	6/6m.	
		0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH end related cause	s of Importance	
z	8. Trede, profes	sion, or perticul	ar			1/1/			Date of onset
OCCUPATION		ork done, es SF BOOKKEEPER,				July	rlle		
JPA	9 Industry or b	done, as SILK L, BANK, etc	MILL,	_					
CEL	10 Dete decease	d last worked	et	11. Tota	time (yeers)				
0	this occup	etion (month an	ıd	SI	coupetion				
12	BIRTHPLACE (city	u as tawa)	,	1	2 /	Other Contributory Causes of Imp	oortance:		
12	(State or coun		Vale	thouse	, hid.				
ER	13. NAME -7	- sulo	1/	ma	1.m11				
FATHER	14. BIRTHPLACE	(city or town)		0	7	Name of operation		Dete of	
F	(Stete or		m	anglas	rd.	What test confirmed diagnosis?			
ER	15. MAIDEN NAM	ME ale	i og	Muc	ceshee	23. If death was due to externel ca			
MOTHER	16. BIRTHPLACE	(city or town)		/		Accident, suicide, or homicide?		Date of injury	, 19
Σ	(Stete or		71	Maryla	und-	Where dld injury occur?	10 4	1.0	
17	INFORMANT - Z	rank	L.	may	ne	Specily whether Injury occurred	In INDUSTRY, in HO	ME, or in PUBLIC	PLACE.
	(Address)	14	Lale	horpe	,				
18	BURIAL, CREMATI	ION, OR REMOV	AL	20	Ml 4 193V	Menner of Injury			
	Place	· O		Dete	A	Neture of injury			
19	. UNDERTAKER Z	7:14	g.as	ifal	LOUY TY	24. Was diseese or injury In eny	way related to occupe	tion of deceesed?_	
	(Address)	64	of was	CI	y mell	If so, specify	see Sell &	00000	
20	FILED Hey-	4.193	5-12	Tie	ffer	(Signed)	X 2/- 1/	ture	Red M. D
		1	If more	blanks are needed	Q Registrar.	2411 N. Charles Street, Baltimore, R	Constant T) C No.		
			-,		, orane registrar,	ATO CHAILES OFFICE, Danimore, I	Leyething U. J. 140.	4.	

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THE THE PERSON OF THE PERSON O				

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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DI DESTRUCTION S				
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied.

N. B.-WRITE PLAINLY

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1.1	1 7	0	~ 7	0	у.
30	0	0	~	-	P

1. PLACE OF DEATH	93-0
Village or City upper Talls	Registration Dist. No. ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsn	nosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret Mul. (a) Residence: No. Appell Julia (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DevorceD (vorte the word) Turale 4. COLOR OR RACE OR. DevorceD (vorte the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,h ormin.	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at 11. Total time (years)	hyvendelis 2 ys
this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Centre (State or country)	Dther Contributory Causes of Importance:
13. NAME Colbert a Willer	
13. NAME Covert a Willer 14. BIRTHPLACE (city or town) - Germany (State or country)	Name of operation
15. MAIDEN NAME Elyabeth Stewner 16. BIRTHPLACE (city or town) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL COLLEGE June 3 ., 19. 3	Manner of injury
19. UNDERTAKER Dand Dandon (Address) Molary J-allo Ma. 20. Do 12. 3	24. Wes disease or injury in any wey related to occupation of decoesed? If so, specify (Signed) (Address) M. D. (Address)

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• ALIQUE 1989			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06396
1. PLACE OF DEATH	(92-1)
County Lettunon	Registration Dist. No.
Village, ordity princes Fruit	No. St Ward
Length of residence in only or low where death occurred 70 yrs mo	If death occurred in a hospitelor institution, give its NAME instead of street and number)
11.00 . 00 CN	ds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME // Melan C.	week fr.
(a) Residence: No. 776 N NOTES	St., Ward. / If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3. SEX Mile 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, O'D VORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mrs Klala Miller	22. I HEREBY CERTIFY, That I offended deceased from
6. DATE OF BIRTH (month, day, and year) 1926, 17 1884	Hect caw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 9.49 Am.
3-1 4 11 1 day,hrs.	west a follows:
Frade, profession, or particular kind of work done, as SPINNER Rike Fuller SAWYER, BOOKKEEPER, etc.	Chronic Myocardetis Deteofonset
Industry or business in which work was done, as SILK MILL	
SAW MILL, BANK, etc. 11 Total time (years)	
this occupation (month and my 2/35 spant in this vear)	
12. BIRTHPLACE (city or town) 1/2 TK. (State or country)	Other Contributory Causes of importance:
14 4/11 6	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
E 15. MAIDEN NAME UN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT / MS Reals Miller (wife (Address) 2 26 D RJ. Skeups Frit.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Oak Lawn Date June 1, 1935	Nature of injury
19. UNDERTAKER John F D Long (Add) essy 715 By Chi St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LINE 29th 1935 by f Milonnies by	(Signed) Henry M. Levis, Coroner M.O. (Address) Spanous asing, Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

STATE OF MARYLAND—CERTIFICATE OF DEATH 06397

1. PLA	ACE OF DEATH		(107:0)	
Cou	unity Daletin	note	Registration Dist. No. 30)
Villa	age or city Beach		No. Show white Hold St., death occurred in a horpital or institution, give its NAME instead of street and	
Len	gth of residence in city or town whera	death occurredyrsmos	20 ds. How long in U.S. if of foreign birth? 25 yrsm	osds.
2. FUL	LL NAME Julia	Morgenet	an	
(a)	Residence: No. 5804	Clover Roa (Usual piace of abode)	C St., Ward. Ballance	State
PE	RSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
(or) W	red, widowed, or divorced AND of VIFE of VIFE of F BtRTH (month, day, and year)	Morgenstern	1 HEREBY CERTIFY, That I attanded 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	deceased from
7. AGE	Yaars Months ?	Days If LESS than I day,hrs.	to have occurred on tha date stated above, a \$300 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Tra	ada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Ensewel.	Broncho Preum on a	Date of onset
A 9 Ind	dustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	at Home		
10. Dat	te deceased last workad at this occupation (month and year)	11. Total time (yaars) spent in this occupation 50.4	Other Coutributory Causes of importance:	
	PLACE (city or town)			
	ata or country)	tria	Davile Paychosis.	22000
当 13. NA	ME tacob 10	ogen	•	
ш	RTHPLACE (city or town)(Stata or country)	stria	Nama of oparation Data of What tast confirmed diagnosis? Was there an a	autopsy?
15. MA 16. BIF	AIDEN NAME lunk	now	23. If daath was dua to axternal causas (VIOL ENCE) fill in also tha following	g:
5 16. BIF	RTHPLACE (city or town)	2	Accidant, suicida, or homicide? Date of injury	, 19
17. INFORM	(State or country) Re	strig	Whera did Injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ie) ACE.
1	Idress) 2 3 3 9 Lu., CREMATION, OR REMOVAL	Date 6/6/35 19 3	Manner of injury	
19. UNDER	TAKER LUK Lew Idress) 1429	3 Inc	24. Was disaase or injury in any way related to occupation of dacaasad?	no.
20 FILED.	1935 19	Charles Registrar.	(Signad) Noble & Garett	M. D.
	If more		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921: Run over by street car 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other outributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PIIYSICIAN
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V. S. No. 1

STATE OF MA	RYLAND-	-CERTIFICATE OF DEATH	06308
1. PLACE OF DEATH		1062	00000
County Baltamore		Registration Dist, No.	1111
Village or City Typel Poin	t	No. Typel Rd	St., War
Length of residence in city or town where death occurred.	8	If death occurred in horpital or institution, give its NAME instead of strossds. now long in U.S. if of foreign birth?yrs	reet and number)
2. FULL NAME alice M	morriso		
(a) Residence: No. Lynch Ra	Mount		
(a) nesidence. No. Asparla (Usual p	lace of abode)	St., Ward. If nonresident give city or to	own and State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEA	
a plant order	ARRIED. WIDOWED, RCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.5 (Year)
(or) WIFE of M Fillmore	norism	22. I HEREBY CERTIFY, That I a	Stranged deceased fro
6. DATE OF BIRTH (month, day, and year) Oct 2	6 1858	I last saw Mer alive on June 187	19.35 ; death is sai
7. AGE Years Months Days	If LESS than	to have occurred on the date dated above, at 7 P. m.	
10 / 13	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Important	Oate of onse
8. Trade, profession, or particular kind of work done, as SPINNER, Houses		Amil	
A. Industry or business In which		Nume Wanenis, 5	
work was done, as SILK MILL, Land			
this been patron (month and	al time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		J. J.	
Del alli	00	- Och austin	
E	er_	2	
4 14. BIRTHPLACE (city or town) (State or country)		Name of operation D	ate of
	& Cans		nere an autopsy?
#	2009	23. If death was due to external causes (VIOLENCE) fill in also the f	
O 16. BIRTHPLACE (city or town) (State or country)	*****	Accident, suicide, or homicide? Date of Injury. Where did Injury occur?	, 19
17. INFORMARITAS Ruby K Low (Address) Lynnig / Rds	den	(Specify city or town, county Specify whether injury occurred in INDUSTRY, In HOME, or In PUB	and State) 3LIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL		Manner of injury	
Place Cak Laure Date for	me // 1935	Nature of injury	
19. UNDERTAKER John F Denni (Address) 715 Lilt 80	1	24. Was disease of injury in any way related to occupation of decea	sed?
20. FILED. June 10 17, 1935 4 1916 (07)	ves (MD) Registrar.	(Signed) (Address) April 1000	M. [
If more blanks are neede	d, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
当 3				

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
County Baltimore	Registration Dist. No. 38
Village or City Diderwood	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Aideswood Batto & O. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrig the word) **The color of the color of	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HURBAND of Good John G. Waylor, (or) 1996 gold gold 1869	22. I HEREBY CERTIFY. That I attended deceased from 1935 1 last saw h. A. aliva on August 1935 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.45 m.
65 7 10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEPER, etc	Caronary acclusion 3 yls.
work was done, as SILK MILL, SAW MILL, BANK, etc.	4
O 10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Alt Connel (State or country)	Other Cantributory Causes of Importance: Arthreo telerases
13. NAME George W, Thompson 14. BIRTHPLACE (city or town) Alt barnel	+ Kyferleuseau - uub.
4 14. BIRTHPLACE (city or town) Att Casmel (State or country)	Name of operation Date of
V · Lu	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Gorrett 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT John Stuffer (Address) Biological	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CRÉMATION, OR REMOVAL Place /// Date June // 1935	Manner of injury
19. UNDERTAKER John Bung Sons (Address) Jouson Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6/16 , 1935 G. M. Bacon Registrar.	(Signed) All Stell M. D. (Address) All Stell M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

Garner

1. PLACE OF DEATH	(82-0)		
County 3 alts.	Registration Dist. No. 44		
Village or City Just Survey	No. St., Ward		
	(If death occurred in a hospital or institution, give its NAME, instead of street and number)		
Length of residence in city or town where death occurredyrsm	nosds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME Frederick Conrad	nes		
(a) Residence: No. 4/2 Halcott Rd.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 28 (Month) (Day) (Yaar)		
5a. If marriad, widowed, or divorced HUSBAND of			
(OC) WIFE of Natie nes	22. I HEREBY CERTIFY, That I attended daceased from		
40, 40, 10%	, 19, to, 19, 19		
6. DATE OF BIRTH (month, day, and year) 1874	0 10		
1 day hr	to have occurred on the date stated above, atm.		
6/ // ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows: Date of onset		
Trada, profession, or particular kind of work done, as SPINNER, machine kind of work done, as SPINNER, machine 19. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc			
9. Industry or business in which	an oles leves		
work was dona, as SILK MILL, SAW MILL, BANK, atc.			
- The speakers (month and spent in this			
year) occupation	Othar Contributory Causes of importance:		
12. BIRTHPLACE (city or town) dalla			
(State or country) > 2 d.			
13. NAME Unknown	/		
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of		
(State or country)	What tast confirmad diagnosis? Was thera an autopsy?		
15. MAIDEN NAME Punkenson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19		
X (State or country) Zumbanann	Where did injury occur?		
17. INFORMANT Henry Trees (Address) 4/2 Halcott Rd.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Oak Laure Date June 29, 1937	Nature of Injury		
41,201.	TISCULO VI III SI III S		
19. UNDERTAKER AND COLLEGE SET.	24. Was disaase or injury in any way related to occupation of daceased?		
1 11 166 00	(Signad) John H. J. Hendriksen		
20. FILED June 29, 193) John 3. Connelly Registrary	(Address) Eastern are Rd Colaste		
Registrary	(1001033)		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu I week ago Chronic interstitial nephritis Run over by street car 1921 I week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDING

FOR

RESERVED

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

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<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:	
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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	-
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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1. PLACE OF DEATH		50		00101
County Salta			Registration Dist. No.	3.3
Village or City Blynden	md	No.	Nogloti atton 1913t. Ho.	StWa
Length of residence in city or town where death		f death occurred in a horpital or institutionds. How long in U.S. if		street and number)
2. FULL NAME AMY OF	mold Penn		or toreign bittir:yrs.	mos
(a) Residence; No.	mora v mon			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTICA	L PARTICULARS	1-	ERTIFICATE OF DE	EATH
	SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 <u>(Yeer)</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thury	Penn	22. LAHEREB	1	attended deceesed fr
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	il 2 1886	last say n. e alive on	July 38	, 190; death is s
49 2	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA were as follows:	1//	tance Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Barens	me of fre	ast Jan
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		-	1./	
this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Bell Co	5	Other Contributory Causes of imp	ortance:	
13. NAME T. Ruse and	ed	100050	1	0
13. NAME / Curse Cirror 14. BIRTHPLACE (city or town) / a. (Stete or country)		Name of operation	meroziones	Date of
15. MAIDEN NAME Clayanna	V. Fisher	23. If death was due to external ca		
16. BIRTHPLACE (city or town) Bull (State or country)	Co	Accident, suicide, or homicide? Where did injury occur?		
17. INFORMANT T Hurry Per (Address) Glyndlen M	w d	Specify whether injury occurred I	(Specify city or town, coun In INDUSTRY, in HOME, or In P	ty and State) "UBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Calbury ME. D	ate Jurice 4 1935	Manner of Injury		
19. UNDERTAKER J & Chine & CAddress) Pendinton	Sons md	24. Was disease or injury in any v	way releted to occupation of dec	eased?
20. FILED June 4, 19 35 17	Treated Registrar.	(Signed) (Address)	of the	y M

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i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) CIANS vrs __mos.___ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) NENT (Month) (Day) 5a. If married, widowed, or diverced HUSBAND of 22. Y CERTIFY. Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. end year) properly If LESS than 7. AGE Years Months Days to have occurred on the date stated above, at, 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or ____ min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business In which work was done, as SILK MILL, pluods OCCUP, SAW MILL, BANK, etc ... 1D. Date deceased last worked at 11. Total time (years) this occupeting (month and spant in this that occupation ___ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diegnosis?_ Was there an autopsy?__ carefully MOTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIDLENCE) fill in also the following: ii Accident, suicide, or homicide?_____ Dete of injury______, 19_____, OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? __. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE 17. INFORMANT pluods very (Address) 18. BURIAL, CREMATION, OR DEMOVAL Manner of injury CAUSE NOIL 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

		00100	
	CERTIFICAT	TE OF DEATH	
	1. PLACE OF DEATH Stemmen 1 Cm	Registered No. 44	
	CHY-OF BALTIMORE: ONo.	St.,	
	Length of residence in city or town where death occurredyrs	mosds. How long in U. S. If of foreign birth?yrsmosds.	
	2 EVILL NAME MULCIA PORDIGO T	OF BALTIMORE: (No. St., Ward) OF BALTIMORE: (No. St., Ward) OF residence in city or town where death occurred yes. Mos. ds. How long in U. S. If of foreign birth? AME instead of street and number.) OF Residence: No. (Usual place of abode) ILL NAME (Usual place of abode) SONAL AND STATISTICAL PARTICULARS OF Divoyed (write the word) OF Divoyed (wite the word) OF BIRTH (month, day, year) OF BIRTH (month, day, yea	
	Z. FULL NAME	h 15 Pa. md	
	(a) Residence: No. Made Sweet	Mard.	
te.		MEDICAL CERTIFICATE OF DEATH	
fica		21. DATE OF DEATH (month, day, year) Julie 23, 1935	
rti	Male While Widower.		
ce	5a. If married, widowed, or divorced HUSBAND of	19.4.4	
0	(or) WIFE of Mary additine Carv	I last saw have alive on 1955 Death Is said	
ac	6. DATE OF BIRTH (month, day, year)	to have occurred on the date stated above, at	
n t		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
S		and the same of th	
ion	8. Trade, profession, or particular	Mrowe Myseardiles 1933	
nc	kind of work done, as spinner, James sawyer, bookkeeper, etc.		
ıstı	Industry or business in which		
i a	saw mill, bank, etc.		
Se	this occupation (month and spent in this	Other contributory causes of importance:	
	White march	fractile of teels of fericer; July 135	
lan	12. BIRTHPLACE (city or town) (State or country)	to accidentally falling out of lade	
00 r	# 13. NAME John Wesley Porter.	a de la companya della companya della companya de la companya della companya dell	
imi		Name of operation Zeou Date of	
r y	14. BIRTHPLACE (city or town)		
ve	EL IS MAIDEN NAME CO. 1 -11 A 1.74	lowing:	
is	15. MAIDEN NAME Elizabeth Onn Wilking 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19	
NO		(Specify city or town, county, and State)	
	Diamet Parter		
PA	17. INFORMANT PLOATS	place in Keel Komse	
:5		Manner of injury Accidental fall, out of Leda	
OC		Nature of injury	
	Prace Co. Date Date 1933	24. Was disease or injury in any way related to occupation of deceased?	
)	19. UNDERTAKER	Zio If so, specify	
0	(Address) 1703 h Park Oak (INC	(Signed) JAMuli M. B.	
w	20. FILED have 24, 19.36 Constill	1 6 and Mike	

Registrar.

(Address)

Essex ma

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Examples:

Example I		Example II	
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			1 4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH	064
--	-----

1. PLAC	CE OF DEATH,		, , , , , , , , , , , , , , , , , , ,		100
Coun	ty Ballimore			Registration Dist. No.)
Villag	ge or City Notch	PPiff		NDSt.,Steach occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length	n of residence in city or town where	deeth occurred	(I) mosmos	t death occurred to a horpital or institution, give its NAME instead of street and not be street and n	umber) sds.
2. FULL	NAME Sister 199	ry Beata	Luick		
11	esidence: No.			St., Ward.	
PER	SONAL AND STATIST	(Usual place of		If nonresident give city or town and	State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARK		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Temo	ale White		(write the word)	June 10	193.5
5a. If married HUSBAN	, widowed, or divorcad			(Month) (Day)	(Yeer)
(or) WIF	E of			22. I HEREBY CERTIFY. That I attended d	
6. DATE OF B	BIRTH (month, day, and yeer)	A pril 2 -	1849	I last sew h. La. alive on 9 will 6 , 19.35.	death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, at 6, 45 Pm.	death 13 3010
-	86 2	8	l day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	0.1 .1
S. Trada	nd of work done, as SPINNER,	Teacher		Gashie Carein oma	Date of onset
₹ 9. Indust	try or business in which	1-3-4-5-11-5			
CU	ork was dona, as SILK MILL, AW MILL, BANK, etc				
- III	deceasad last worked at is occupation (month and ear)		ne (yaars) t in this pation		
				Other Contributory Causes of Importance;	
(State	CE (city or town) Winter L or country)	2579, W.RST.	MASIG TENH	kg	
13. NAME	John Zu	ick		A	
13. NAME	IPLACE (city or town)West	tpagalia.	Germany	Neme of operation Dete of	
1 (3	tate or country)			What tast confirmed diagnosis? Was there en eu	
15. MAIDE	//	eth Woh	Pe	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTH	PLACE (city or town) Wed	t palia	Termany	Accidant, suicide, or homicide? Date of injury	, 19
17. INFORMAN	\$ 2.	Class		Where did injury occur? (Specify city or town, county and State)	
(Addre			G Cliff Md	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	JE.
18. BURIAL, CF	REMATION, OR REMOVAL	el Date Dun	12 30	, Manner of injury	
Place	The oregine	a Date plem	, 19 0	Nature of injury	
19. UNDERTAK		Kink)	24. Was diseasa or injury in any way related to occupetion of deceased?	
(Addre	ss) 10 pr. Gar	1 1 900	et alvol.	If so, specify	4
20. FILED	you wallen,	MIWM	Registrar,	(Signed) (Address) January	M. D.
			***********	(Lichiess) Artist Harry	- Warner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	4 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	sta UP.	1. PLACE OF DEATH	008
	F 5	county 3 alternare Count	Registration Dist, No. 30
BA	show f 0	Village or City Calonsulles	No. Spring Grove State Hospither
IAI) = 0	Length of residence In city or town where deeth occurred Byrs 11 mos.	death occurred the hospitalor institution, give its NAME instead of street and (umber) ds. How long in U.S. if of foreign birth?yrs
	AN I I I I I I I I I I I I I I I I I I I	2. FULL NAME Mammie O. Ross)
TE PL. LY, WATH UNFADING INK—THIS IS A PERMANENT RE RD. Every item is should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be DEATH in plain terms, so that it may be properly classified. Exact statement of O is considered.). E	(a) Residence: No. 1009 Parkey St. C	1007 Hollins St.
	ATY St	(Usual place of abode)	If nonresident give city or town and State
	Fact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rk	4 27	1. Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wire the word)	21. DATE OF DEATH (Month) (Dey) (Year)
DINC	A C T ssife	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
Z	Cla	C DATE OF BIRTH (THE STATE OF	Mast sew h. M. alive on Orang 75 1935 death is sold
M	PE d E	6. DATE OF BIRTH (month, day, and yeer) / OV. / 2 / 8 / O (7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 8 4 8 9 m.
OB	S A sate	64 6 25 1 dey, X hrs.	The PRINCIPAL CAUSE OF DEATH end reletad causes of Importance
F (70	Trada, profession, or perticular kind of work done, as SPINNER,	Oate of onset
园	H	SAWYER, BUUKKEEPER, etc.	
RV	nay back	9. Industry or business In which work was dona, as SILK MILL, Housework. SAW MILL, BANK, etc	Sofia Come
ESE	INE Sh	11. Total time (years) spant in this yaar) 11. Total time (years) spant in this occupation	5/6/
	AC AC o th tion	12. BIRTHPLACE (city or to 197)	Other Contributory Causes of importence:
H	AD.	(Stete or country)	00:00:00:00:00
IR(NF pplic erm inst	13. NAME John Orec	Chronic Mila Nices
M	sul sul	13. NAME John Occident 14. BICTHPLACE (city or town)	Name of operation Posse Oate of
4	2 = 2	(State of country)	What test confirmed diagnosis? Wes there an eu'opsy?
~	refu in ant	15. MAIDEN NAME Sarah a. Reed ?	23. If death wes due to external causes (VIOLENCE) fill in also the following:
		16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide?
Ti		00.000 2000	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
	PE. hould OF D	(Address) 1009 Office St. Hollins) HONE, OF HINDE
	sh Sh	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Pleca Western Cem. June 10, 19 35	Nature of injury
-	-WRI matior CAUS TION	19. UNDERTAKER	24. Was diseese or injury in any way releted to occupetion of deceased? 77.0
No	B.	(Address) 1003 W. Baltimore St.	If so, specify
V. 53	zi (C)	20. FILEO , 19 3 Registrar.	(Signed) Address) Dela Cond
			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	Example II	161	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	₹ 1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones X = C	May 1,1923	Gastroenteritis	1 year
ADDITIONAL STACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	06409
County Baltimore	Registration Dist. No.
Village or City Ferry Hall	No. Relair Road St. Ward
Length of residence In city or town where death occurred vrs	death occurred in a hospital or institution, give its NAME instead of street and number)
Cott , 150 D.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME affiliant Co. Kest	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDANORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hullif Received	22. J HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yaar) ang, 13th 1851	I lest sow head alive on June 18 19.35; death is said
72 AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, et 4 9 m.
83 9 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER, CAT House SAWYER, BOOKKEPPER, atc.	Extens pleasing 3 yrs -
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad last worked at this occupation (most) and	3 41
10. Date dacaasad last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Baltor Co;	Other Contributory Causes of importance:
(State or country) Mary Cond	
13. NAME 18 MM Schroeder 14. BIRTHPLACE (city or town) Lukinown	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Plugued area - Was there an autopsy? 4
15. MAIDEN NAME Villowow 16. BIRTHPLACE (city or town)	23. If deeth was due to axternal causes (VIOL ENCE)/fill in also the following: Accident, suicida, or homicide?
State or country) Terring	Whare did injury occur?
17. INFORMANT John Reichert Ind.	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATJON, OR REMOVAL	Mannar of Injury
Phost i functionally Compare function 1970	Nature of injury.
19. UNDERTAKER THE ASSOCIATION OF THE CONTROL OF TH	24. Wes disease or injury In any way ralated to occupation of deceased?
20. FILED 6/10 , 19 35 19 a. Flash M. D. Registrar.	(Signed) That Darher M.D. (Addrass) 4116 Northern Parlament
If more blanks are needed address State Registrar	222 N. Charles Sweet Bellinary Demonstra 51 C. N.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
JUN DOUTION AT SPACE FOR	OR FURTH	Gastroenteritis ER STATEMENTS BY PHYSICIAN		

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06411	
1. PLACE OF DEATH	46	
County Duflinges	Registration Dist. No.	
Village or City Musedule	No	1
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. wow long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Decilia Rosalie 1	oche	
(a) Residence: No. Angelule Mile	St Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 34 , 193 5 (Year)	
5a. If married, widowed, of divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	-
James Coche.	May 30 1935 to June 2 , 1936	-
6. DATE OF BIRTH (month, day, and year) March . 19. 1872	I last saw hale alive on Serve 1, 19 36; death is said	1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:46 A-m.	
43 2 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done as SPINNER.	Carunoma of	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 / lyn.	
Industry or business in which work was done, as SILK MILL Housewife.	Merus 1	
U 10. Date deceased last worked at 11. Total time (years)		
this occupation (month and spant in this occupation occupation		
12. BIRTHPLACE (city or town) Bulls. City	Other Chaributery Causes of importance:	4
(State or country)	The state of the s	,
13. NAME Michael Blume.		
13. NAME Michael Blume. 14. BIRTHPLACE (city or town) Jennary	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME Mary	23. If death was due to external causes (VIOLENCE) fill in also the following:	-
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19	
∑ (State or country)	Where did injury occur?	
17. INFORMANT Junes Scorline.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Morelland Memorate from 5, 1932	Nature of injury	
19. UNDERTAKER ACHAELL ANDROCKS	24. Was disease or injury in any way related to occupation of deceased?	-
	(Signed) Manual Manual M. D.	
20. FILED Jame 3, 19 31 Johns Tomilly Registrar	(Address)	•
	2411 N. Charles Street. Baltimore. Requesting D. S. No. 1	

CTATE OF MADVI AND

CEDTICICATE OF DEATH

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06412
3 20 7 5	County Baltimore	3
for item	Village or City_Towson(II	NoSt.,Ward death occurred in a hospitalor iostitution, give its NAME instead of street and number)
2810 Te	2. FULL NAME Wesley Goodwin Schorr (a) Residence: No. 307 E. Pennsylvania Ave	
C C	(Usualplace of abode)	If nonresident give city or town and State
For PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G. E. E. E.	Male White Single, MARRIED, WIDOWED. OR DIVORCED (write the word) Single	21. DATE OF DEATH June 4, (Day) 193 35 (Year)
BINDING FERMANEN EXACTL y classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
BIN BIN EX.	6. DATE OF BIRTH (month, day, end year) July 1, 1921	I last sew hand alive on June 3, 1932; death Is sai
FOR IS A I stated proper	6. DATE OF BIRTH (month, day, end year) JULY 1, 1921 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs. orhrs.	to heve occurred on the date stated above, at 3.15 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	kind of work done, as SPINNER, Invalid SAWYER, BOOKKEEPER, etc. Invalid	Antral Donosio
SERV] VK—T should it may	y ondustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
S E E	11. Total time (yeers) this occupation (month and year) 11. Total time (yeers) spent in this occupation	
S N N S S	12. BIRTHPLACE (city or town) Towson (State or country) Maryland 13. NAME Charles G. Schorr	Other Coutributors Causes of importance:
MARGI UNFA supplied	THE 13. NAME Charles G. Schorr	
	14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
WITH WITH efully in pla	# 15. MAIDEN NAME Etta Goodwin	23. If death was due to external causes (VIOLENCE) fill in also the following:
X, X,	15. MAIDEN NAME Etta Goodwin 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland Mr. Charles G. Schorr	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
L. You	I7. INFORMANT Mr. Charles G. Schorr (Address) 307 Penna. Ave., Towson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Geo. l. FE PLA should E OF D	18. BURIAL, CREMATION, OR REMOVAL Place Moreland Mem. Place June 6, 1935	Manner of Injury
9. Ge	HENRY SANDER & SON, INC.	Nature of injury
	19. UNDERTAKER (Address) Balto. St. & Broadway	24. Was disease or injury in any way related to occupation of deceased? If so, specify
V. S. No.	20. FILEO 6/6 , 1936 A. M. Bacon Registrar.	(Signed) M. I
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	, PHYSI-	C	PLACE OF DEATH	926 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44
2 0000	d EXACTLY, roperly classified certificate.	Ville	2 FULL NAME Mrs. Posetta Ela	St: Ward) a hospital or institu- flow, give its NAME in- stead of street and number.)
F	Sed Sed Stronger	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G	uld be shark of back of	3 8	A C WIDOWED Widow (Write the word)	(Month) (Day) (Year)
NO		6 D	ATE OF BIRTH	May 10 1923, 16 Jule 1, 192
= .	ACE that tions		(Month) (Day) (Year)	that I last saw had alive on filled 4304
FOR B	terms so that the see Instruction	7 AC		The CAUSE OF DEATH it was as follows:
0	sup ter		COUPATION) Trade, profession or	Phimatern
SERVE	arefully in plain ortant.	S (F	articular kind of work	Contributory Metal Susufficiency
R		9 B	(State or country) astru glan	Secondary (Duration) yrs. mos. 22 ds.
ARGIN	Should OF DE	S	10 NAME OF John Mc Gruder	(Signed) M. D. M.
Σ	AUSE TION	ENT	11 BIRTHMACE OF FATHER (State or country) Marling atru DC	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
\$	- 00 A	PAR	12 MAIDEN NAME Positla Sidwick	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
č	1500	1	18 HIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yre. mos. da.
Ļ	n o z	14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1	WKIII V item WS sho		(Informant) My 12 Yarvy Scott	Former or usual residence.
2. 1.	WKII Every item CIANS sho statement	15	(Address) Chuselill	Sharpollem Chase Lund 19.35.
Z	100		Filed June 5 1935 play 5. Connelly	20 UNDERTAKER ADDRESS
*	z	-	Registrar * more blanks are needed, address State Registrar.	16 W Spratoga St. Raite. Requesting V. 8 No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foremau." "Manager," "Dealworked on may form part of the second statement should be used only when needed. nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, than applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a) in many

Lobar pneumonia. Bronchopneumonia ("Pneumonia;" Typhoid forer (never report "Typhoid pneumonia") sminal meningitis"); Biphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic eerebro-

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quence: (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as Accinental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puenderal septicaemia," "Puenderal peritonitis," etc. diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marusmus," "Old Agc," "Shock," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy." "Exhausticn," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Concondition... ary), 10 ds. Never report mere symptoms or terminal vulsions." eausing death), 29 ds.; Bronchopneumonia (secondstated unless important. mges, peritonaeum, etc., Carcinoma, Surcoma, etc., of Chronic interstitial nephritis, etc. The contributory use of "Tumor" (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; inqualified, is indefinite); Tuberculosis of lungs, men FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congeuital," "Scnile," etc.), Accidental drouning; such as "Asthenia," for malignant neoplasms); Measles; (Recommendations on state-Example: Measles (disease "Апаешін" Struck by railway The na-(merely

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-.il the data is essential and must be obtained before

should state Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PL N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06414
1. PLACE OF DEATH	<u> </u>
County Dellamase	Registration Dist. No.
Village or City I will be the	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Tooling Sin & Alek	bard
(a) Residence: No. Bellong the 3 20 1	Lyse & weed of charles A. Co
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Price the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
0 (0)5	July 13 19 , to , 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were as follows: the hory of Card Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	al out Shouldet heals
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	a Lustres.
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Desler Help and 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of connity)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME aroline a Stourns 16. BIRTHPLACE (city or town) - A	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17 INFORMANT & Steisle AP-86 and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Dollara Te	
18. BURIAL FREMATION, OR REMOVAL	Manner of Injury
Place Dela Date Date 10, 19 1	Nature of injury
19. UNDERTAKER IM Juck. How.	24. Was disease or injury in any way related to occupation of deceased?
(Address) h make.	If so, specify
20. FILED france 9, 1935 (f. M. Dacon Registrat.	(Signed) M. D. (Address) D. D. G. G. G. R. C. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and re of importance were as follows:	lated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	* *	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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BINDING RESERVED MARGIN

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10.-The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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natural way	Morman H. angell. S.P.
	Carnon

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FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	120
County Baltimore	Registration Dist. No. 35
Village or Sity Parkton RFD mo	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 33 yrs mos.	ds. How long in U.S. if of foreign birth? wrs mos ds.
2. FULL NAME Stampelle Suny	son
(a) Residence: No. Packton Ind.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, wildowed, or divorced HUSBAND of (or) WHE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) Heren Larah E Simpson	May 29 , 1935 to Cine 8 , 1935
6. DATE OF BIRTH (month, dey, and yeer) Jan 17 1883	Hast saw have alive on Jame 8 ,1935; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at S, P,m.
1 4 1 1 dey, hrs. or mia.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	were as ronows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1) 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Grebral Nemorrhage
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation boosth and 1934 spent in this occupation occupation.	
0.1.00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Cisterio Schrosso
E	Name of operation Date of
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in etso the following:
E	Accident, suicide, or homicide?
Stete or country)	Where did injury occur?
- Harra line son	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT TURNS (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place West Liberty Date June 11, 1933	Nature of injury
10 HARRIAGO P Machlarta	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER What four forms (Address) Whele Hell but	If so, specify
July 18th romalines (Band)	(Signed) Lyagle M.D.
20. FILED CLUY / 1981 March 1981 Registrar.	(Address) new truedon Ja,
If more blanks are needed, address State Registrar.	2411 N. Charles Street. Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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UNFADING INK-THIS IS A PERMANENT'RECORD. Every item of infor-	upplied. AGE should be stated EXACTLY. PHYSICIANS should state	terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNF	nation should be carefully supplied	CAUSE OF DEATH in plain term	FION is very important. See inst
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF M	ARYLAND-	CERTIFICAT	E OF DEATH
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U	U	I	8	-6

1. PLACE OF DEATH				<u> </u>		
County	Baltimore			Registration Dist. No		
				No. North Point Creek St., W f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs, mos.		
2. FULL NA	ME Boy S	AT.I.				
	nce: No. Same as			St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE White,		RRIED, WIDOWED. D (write the word)	21. DATE OF DEATH June, 24, 193 5 (Month) (Day) (Yeer)		
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced			22. HEREBY CERTIFY, That ettended deceesed (
	ears Months	June 24.]	1 dey,hrs.	I lest sew h		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Sparrows Point, Md (State or country)				Other Coutributory Causes of importance:		
₩ 13. NAME	William M. S	Small				
	CE (city or town) Brook or country)	lyn,		Name of operation Date of Date		
15. MAIDEN N	AME Ruth Mayer	hoefer		23. If death was due to external causes (VIOLENCE) fill in also the following:		
	CE (city or town) Ericor country)	Pa.		Accident, suicide, or homicide?		
17. INFORMANT (Address)	Father					
	ivate grounds	DateSim	v 26 ,1935°	Manner of injury		
19. UNDERTAKER (Address) 20. FILED / W		Aller	nice (A) Regionar	24. Was disease or injury In eny way releted to occupation of deceased? If so, specify (Signed) Volume M. Jolling (Address) Sparrows Point, Md.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
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C'erebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state

STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	U	4	1	8	

1. PLACE OF DEATH	(3)
County Ballinon	Registration Dist. No.
Village or City Caloustille	No. St Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME George V. Lmith	The state of the s
(a) Residence: No. Old Frederic Ad Horny (Usual place of abody)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (with the word) Married	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Elizabeth Ewing	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 25/1844 7. AGE Years Months Days If LESS than	I last saw h alive on
90 5 6 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mephortos Chrome Deffue assy 198
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Oato deceased last worked at 11. Total time (years)	
11. Total time (years) this occupation (month and year) year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Eury Cand	Other Contributary Causes of importance:
13. NAME Unknown	
13. NAME 14. BIRTHPLACE (city or town) - 6 reg tauch (State or country)	Name of operation Isoahalustanay Date of 1931. What test confirmed diagnosis? Is an unit was there an au'opsy?
15. MAIOEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) - England (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mis Carrie Wolfe Mid (Address) 3000 + york Rd Ballo Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place IT Johns Ceux. Oata June 8 , 1950	Manner of injury
19. UNDERTAKER TO 2 madegory and	24. Was disease or Injury in any way related to occupation of deceased? The
20. FILED ALT 1995 Milled Registrar.	(Signed) Joseph Eller M. O. (Address) 3204 Gurrison Bland

If more bidnie fre hold dade su State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

1	. PLACE O	F DEA	TH	I MAIN	ILAND	CERTIFICATE OF BEATH 06419
	County	Ba	ltimore			Registration Dist. No.
	Village or	City R	osedale			No.Phila.Rd. & Selliers Ave. Word
			ity or town where o	laath occurra		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?mosds.
2	. FULL NA	ME	Henry Fr	anklin	Smith	
	(a) Resider	nce: No	Philade)	Lphia Ro (Usual place		1035 AVO Ward. If nonresident give city or town and State
	PERSON	AL AN	D STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
	sex Male		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 15th, 193 5
	If marriad, widow				.00	(Month) (Day) (Yaar)
	HUSBAND of (or) WIFE of	An	na Schee	eler Smi	lth	22. A HEREBY CERTIFY, That I attended deceased from
6. I	DATE OF BIRTH	(month, da	y, and year) F	b. 8. 1	1882	I last saw h in alive on June 19 , 1920 ; death is said
7. /	AGE Ya	ars	Months	Days	if LESS than	to have occurred on the date stated above, at 5.30 A. M.
	5		4	7	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
N	Trade, profa	ssion, or p work done,	articular as SPINNER,	mad neer		Date of oneset
TE	SAVYER, BOOKKEEPER, atc. Engineer 9. Industry or businass in which					Carlisora of face
UP/	work was done, as SILK MILL, Stationary SAW MILL, BANK, etc.				. A	
OCCUPATION	10. Date daceas		rked at	11. Totai t	ime (yaars) nt in this upation	
12.	BIRTHPLACE (c	tv or town)	Balto			Other Contributory Causes of Importance:
	(Stata or cou		Md.			Houston .
ER	13. NAME He	nry	Smith			
FATHER		(city or to	own) Baj	_		Nama of operation was the provided Date of Sunday What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NA	ME M	artha Py	yles		23. If death was due to external causes (VIOLENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE	(city or to	wn)			Accident, suicide, or homicide? Date of injury, 19
Σ		country)	Unkr	nown		Where did injury occur?
17.			Malter S dale. Mo		• • • • • • • • • • • • • • • • • • • •	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAT	ION, OR F	REMOVAL			Mannar of injury
	Place Z1	on L	uth, Cer	n Date Jui	ne 17 ₁₉ 35	Nature of Injury
19.	UNDERTAKER (Address)	Free 740		Road	wohne	24. Was disease or injury in any way related to occupation of decaased? 40
20.	FILED Juan	e 16	19 35	Conn	Registrar.	(Signed) Way Johnst M. D. (Addrass) 70(N: Poword der
	0		If more l	blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	AL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Calternor Registration Dist N (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE Months Davs to heve occurred on the date stated ebove, at, 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which may back should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_. carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide?_____ Date of Injury______ 19____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very OF 18. BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury..... LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER NOW If so, specify (Address) Registrar.

If more blanks are needled address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7. S. No. 1

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. 30 (If death occuped in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs. Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIOOWED. (Month) (Year) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of/ 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months Oavs if LESS than to have occurred on the date stated above, at. I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or _____min. Osts of onset 8. Trada, profession, or particular TION kind of work done, as SPINNER RESERVED jo SAWYER, BOOKKEEPER, etc. -9. Industry or business in which may back CUPA work was done, as SILK MILL. SAW MILL, BANK, etc ... IO. Data deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation A 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. I4. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?. ... Was there an autopsy?_____ MOTHER important. 15. MAIDEN NAME 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Oate of Injury_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnous OF 18, BURIAL, CREMATION, OR REMOVAL -Manner of Injury CAUSE Nature of injury. 24. Was disease or injury In any way related to occupation of deceased?. if so, specify Registrar. (Address) If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Carpenti V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Verbal information by hurband 7/16/35.	
verbal correction of first initial of husbana by telephone	Ī
July 17, 1935 from Dr. Garrett, to be followed by written	
confirmation. L.	_

BINDIN FOR MARGIN RESERVED

2 9 1

	3.	54	6.	OCCUPATION	MOTHER FATHER COCCUPATION	MOTHE	17	18	19
			rtificate.	ns on back of ce	TION is very important. See instructions on back of certificate.	important	rery	No is	Ĭ
of OCCUPA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	classified.	roperly	hat it may be p	plain terms, so t	EATH in	F D	USEC	CA
S should stat	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should star	XACPEL	tated E	GE should be s	Ally supplied. A	becarefu	plno	tion sh	nai
item of info	-WRITE PLANLY WITH UNFADING INK-THIS IS A PERMANENT READED. Every item of info	RMANENS	S A PE	G INK-THIS I	ITH UNFADIN	VLY IV	PL	RITE	M

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore Registration Dist. No. 30 Village or City Catonsville No._____St., _____Ward
(If death_occurred in a hospital or institution, give its NAME instead of street and number) 87 yrs 5 mos. 27 ds. How long in U.S. If of foreign birth? yrs mos ds. Length of residence in city or town where death occurred___ 2. FULL NAME Augustus Taylor (a) Residence: No. 102 Symington Ave. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Male White June Widower (Month) (Day) If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of Maria Taylor December 19, 1847 DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than to have occurred on the date stated above, at 8:30 A m. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation. Other Coutributory Causes of importance: Balto. Co. BIRTHPLACE (city or town) (State or country) John Taylor 13. NAME Annapolis 14. BIRTHPLACE (city or town) ___. Md. (State or country) What test confirmed diagnosis? Thypured Shows there an autopsy? The 15. MAIDEN NAME Julia Pindel 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ Date of injury_____ 19____ Md. (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. INFORMANT Miss Kate Taylor (Address) 102 Symington Ave. Catonsville BURIAL, CREMATION, OR REMOVAL Manner of injury Place Mt. Olivet Cem. Date June / 1935 19. UNDERTAKER (Address) If so, specify ...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pertionalis	3 days ago
		S V UALKUN	
Other contributory causes of importance:	12.00	Other will tory eauses of importance:	
Gallstones	May 1,1923		1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
county Jaltimon	Registration Dist. No.
Village or City Graceland Care	No. 6737 Volsate are st Ward
(11	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmgs.	/
2. FULL NAME () () () () ()	(Ma)
(a) Residence: No.0 / 3 / Uto Trans Our (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH TO TE 1935 (Wonth) (Day) (Year)
As. ff married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
776 100-	, 19, to , 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I last saw h ; death is said to have occurred on the date stated above, at m_
1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	ware as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	All von indant
O 10. Data deceased last worked at this occupation (month and yaar)	
Valto Co	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Konstanty letkiski	
14. BIRTHPLACE (city or town) Poland	Name of operation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Doja	23. if death was due to external causes (VIOL ENCE) fill in also that following:
15. MAIDEN NAME Many Joja 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
X (Stata or country) aland	Where did injury occur?
17. INFORMANT Many Tettlassa' (Address) Gracelland Park	(Specify city or town, county and State) Specify whether injury occurred in fNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Plantacre S Heart Mosery June 9, 1935	Natura of Injury
19. UNDERTAKER—Part. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LINE 8th, 1935 A Myan Jer(h) Registra	(Signes) . (Address) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	e de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NIS more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
District No. 30

Certificate

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	f onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
	21	Run over by street car	1 week ago
Cerebral hemorrhage July	5,1927	Peritonitis	3 days ago
AUG 12 1935			
Other contributory causes of proportance.	1	Other contributory causes of importance:	
Gallstones May 1	1,1923	Gastroenteritis	1 year
4			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Bract statement of OCCUPA-JORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT RE N. B.-WRITE PLANKLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	01 (059)
County Callmore C	Registration Dist. No.
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whara daath occurradyrs,mos.	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME CINKNAM	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RAGE OR DIVORCED (writing a word)	21. DATE OF DEATH (Month) (Day) (Year)
5). If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (manth day, and year) 7. AGE Years Month Days If LESS than	I last saw h alive on, 19, 19; death Is said to have occurred on the data stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
9. Trade profession or postigular	ware as follows:
6. Hade profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	July and
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	veria birth
9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Child found dead at
this occupation (month and spent in this occupation	KAM. 1432 18 1933 01
12. BIRTHPLACE (city or town). Character (State or country)	Other Contributed Church of impartance
	Name of oparation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNKNOWN	23. If daath was dua to extarnal causas (VIOL ENCE) fill In also the following:
15. MAIDEN NAME UNANOUM 16. BIRTHPLACE (city or town). Lenden or coupley.	Accident, suicide, or homicida?
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Quently Course (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place House House Date 18, 1933	Manner of injury
19. UNDERTAKER	24. Was disaase or injury in any way related to occupation of decaasad?
(Addrass)	If so, spacify
20. FILED 6/18, 19.35 G. W. Bocon. Registrar.	(Signad) Osoner (Addrass) Osoner
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

- 14	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
after	brown body, I decided special inquest
mot m	cersaly co. of the porto to the file
ten la	The Cranton e list died at the
7 9 0	10 0 00 00
9 0	oman of 9th 6 be Diet

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(82-0)
County Baltimore	Registration Dist. No.
Village or City Overlea	No. 6707 Beech Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town whara death occurred if eyrs	osds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Henry M. Weger	as not a war Delerace
CHOR Beach Asse	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH June 25th (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary A. Weger	22. I HEREBY CERTIFY, That I attended daceased from
	June 1,6 1935, to June 25, 1935
6. DATE OF BIRTH (month, day, and year) June 25, 1864 7. AGE Years Months Days I II IFSS than	I last saw h say alive on June 25 19.35; death is sald
1 day her	to have occurred on the data stated above, at 8.2.40
71 0 0 ormin.	were as follows:
Frade, profassion, or particular kind of work dona, as SPINNER. Shipping Clerk SAWYER, BODKKEEPER, etc.	June.
	Cerebral Henoulage 1655
Industry or businass in which work was done, as SILK MILLTack Manufactory SAW MILL, BANK, atc. 11 Total time (years)	
this occupation (month and 1928 spent in this 28 occupation 28	
12. BIRTHPLACE (city or town) Baltimore	Dthar Contributory Causes of importance:
(Stata or country) Md.	
置 13. NAME Joseph Weger	
13. NAME Joseph Weger 14. BIRTHPLACE (city or town).	Nama of operation. Non Date of
(Stata or country) Germany	What test confirmed diagnosis?
置 15. MAIDEN NAME Unknown	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country) Germany	Where did injury occur?
17. INFORMANT Mrs. Mary A, Weger, (Addrass) 6707 Beech Ave.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Holy Redeemer Cembe June 1935	Nature of Injury
19. UNDERTAKER Frederich Landh alow (Addyass) 7401 Belair Road	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Jerna 78, 1935 Q-Hl. Bacon. Registrar.	(Signad) S Hardriggia Rd M.D. (Address) 4810 Belais Rd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06428
1. PLACE OF DEATH	(84)
County Baltimae	Registration Dist. No.
Village or Sity Shane Ind	NoSt., Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
5.11 61 1 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (thel Blanche W.) had
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF BEATH 5 1935
5a. If married, widowed, or diverced	(Month) (Day) (Year)
(or) WIFE of Carril Where	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 10 1889	I last sawhalive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
46 3 25 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	acridential Seath Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc	4 9 4
9 Industry or business in which work was done, as SILK MILL, Afterwards SAW MILL, BANK, etc	Bullet struck left Mear
10. Date deceased last worked at 11. Total time (years)	penellating realt
O this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Tudenih Co	Other Contributory Causes of infiportance:
(State or country)	
13. NAME Charles C Coats 14. BIRTHPLACE (city or town) Fuellink Co	
14. BIRTHPLACE (city or town) Tudewill Co	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clave A. Hammel 16. BIRTHPLACE (city or town) Carrell Co	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(1 1 6 6 +	(Specify city or town, county and State)
17. INFORMANT CAUCE COACS (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Prince Come Date flore 8, 1934	Nature of injury
19. UNDERTAKER P. marbline Low	24. Was disease or injury In any way related to occupation of deceased?
(Address) white Oball and	If so, specify
20. FILED Jeur T , 1988 Miluey Borling Registrar.	(Signed) Lysell Edie Gorows

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OUNTALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

W. · · ·	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	06424
1. PLACE OF DEATH	(34)	OOTSO
County 10 alternate	Registration Dist. No.	9
Village or tity loatensulle	No. Opring Gove Hospital	Ward
Length of residence in city or town where deeth occurredyrsmos	death occurred in a horpital of institution, give its NAME instead of street ends. How long in U.S. if of foreign birth?	
2. FULL NAME Comma Willek		
(a) Residence: No. 1306 9. De auber	t St., Ward. Ball Mel	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Ferrale 4. COLOR OR RACE OR DIVORCED (write the word) Terrale 5. SfnGLe, MARRIED, WIDOWED, OR DIVORCED (write the word) Presented	21. DATE OF DEATH (Month) (Dey)	, 193 (Yeer)
HUSBAND OF Com Willeke	22. apr 30 1935 to June	d deceesed from
6. DATE OF BIRTH (month, day, end year) July 27/1873 7. AGE Years Months Deys If LESS then f dey,	to have occurred on the dete steted above, et / 2 2 m.	S; deeth Is said
8 Trade profession or perticular	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:	Date of onset
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL,	Cerrhal Eubolian	Iday
SAW MILL, BANK, etc. 10. Date decessed lest worked at this exemption (personal and personal and	apoply	1.4.
year) - 2 - 19 - 12. BIRTHPLACE (city or town) Palting	Dther Contributory Causes of Importance:	
(Stete or country)	Coxbro- Spinal Leces	3200
13. NAME John Jefferess		
14. BIRTHPLACE (city or town) Backunn	Neme of operation Date of	
(Stete of country)	Whet test confirmed diegnosis? Wes there a	n autopsy?
15. MAIDEN NAME Ester Smith	23. If deeth was due to externet causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town) Backman	Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT W Willeke (Address) / 306 Handal	Where did injury occur?	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	. Menner of injury	
Plece Souden Date June 4", 1986	Neture of injury	,
19. UNDERTAKER AM STANDER (Addiess) 77/35 Found ST	24. Wes disease or injury in any wey releted to occupation of deceesed?	no
20. FILED. 1935. , 19 Registrar.	(Signed) Wolf E, Garne (Address) Condition of the Same	M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	uses of impo	Example II	Examples:
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Secondificant space i	OR FURTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06430
1. PLACE OF DEATH	213-d)
County Bally land	Registration Dist. No.
Village or City ased	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
11 1 6 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Danken +	reg
(a) Residence: No. 17303 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR DR RACE S. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH
OR DIVORPED (wrise the word)	6 - 193 1
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i ettended deceased from
	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Jule . 14-19/5	I last saw h; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
National States of States	prouved:
Industry or business in which	Carala 7.1
work was done, as SILK MILL, SAW MILL, BANK, etc.	and the same
11. Total time (years) this occupation (month end spant in this	of row bast, and began surrowing toward
year) octupation	Dither Contributory Causes of importance: shore, when he disappeared.
12. BIRTHPLACE (city or town)	Julier Countributery Causes of Importance, where the secreptures
(State or country)	9.07.
14, BIRTHPLACE (city or town) Bulk	
14. BIRTHPLACE (city or town) Balta	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accedent Date of injury 5 - 2, 1935
(State or county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Schanting page	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	To Oublin Place
Mention de Mention De 6/6/3/10	Manner of injury accidental drawnings
1 100	Nature of Injury
19. UNDERTAKER denergy Myrigh	24. Was disease or injury in eny way related to occupation of deceased?
(Address) S30-1 Vrenford	If so, specify the specific
20. FILED 6/4 , 1930 John 5 Omella Registrar,	(Signed) Stemmers (Aun Ma
/ Registrar.//	" (Mulioss)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Mip reance:		Other contributory causes of importance:	
Gallstones 8 9861 97 NAC	May 1,1923	Gastroenteritis	1 year
TA A Little			

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 06432
1. PLACE OF DEATH		G = 1 (40)
County & Salton	ore	929 Registration Dist. No. 44
Village or City Symanson	Point	NoSt.,Ward
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number) ds
2. FULL NAME Lottie Zabo		
(a) Residence: No. Wire Mill		S Rt. Ward.
(a) hesidence. NoW_L_SIII	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White	SINGLE, MARRIED, WIOOWED, DR DIVORCED (write the word) Married	June 13 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of		
(or) WIFE of Teofil Zabora		1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	1882	I vast saw h. L. alive on
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at
53	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	1 01	were of follows: Oete of onset
SAWYER, BUUKKEEPER, etc	lone	Hyrcondial Indefrance
9 Industry or business in which work was done, as SILK MILL, Hous SAW MILL, BANK, etc	e Work	
O No. Oate deceased last worked at	11. Total time (years)	V-
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:
(State or country) Polar	nd	
13. NAME Paul Flera 14. BIRTHPLACE (city or town)		
4 14. BIRTHPLACE (city or town)		Name of operation Dete of
(State or country)	and	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Unk.		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Unk. 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?, 19, 19
-1 (State of country) Pols	na	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Teofil Zabora (Address) Wire Mill Road	Sparrows Pt.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
PlacSecred Heart of b	lary June 15.3	Nature of injury
19 IINDERTAKER	zewski	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO June 13 , 1935 May	G. Commelly Registrart	(Signed) when the sound M. (Address) 25 79 Earl 11.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	5433	
County Beltimore Village or City Mt. Wilson (If County or town where death occurred 0 yrs. 6 mos.				Registration Dist. No. 37 No. Mt Wilson Branch, Md St., death occurred in a population manufactor of street and 24 ds. How long in U.S. if of foreign birth?	Ward wumber)	
	AME Albert ence: No. 614 S.		Ave	St., Ward. Boltimore, Md.	nd State	
PERSC	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word		D (write the word)	21. DATE OF DEATH June 7th 193 5. (Month) (Day) (Yeer)		
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced Single H (month, day, and year) No	wamhan	9 1914	22. I HEREBY CERTIFY, That I attande Nov. 14th. 1934, to June 7th. 1935		
7. AGE	ears Months	Oays 5	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 9.45A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Reference of the second of the					JAN. 1933	
12. BIRTHPLACE (Stata or c	ountry) Maryl			Other Contributory Causes of importance: Intestinal Tuberculosis	APR. 1935	
13. NAME Michael Zielinski 14. BIRTHPLACE (city or town) Baltimore (Stata or country) Maryland 15. MAIDEN NAME Agnes Koscielniak 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland 17. INFORMANT (Address) Mt. Wilson, Md. 18. BURIAL, CREMATION, OR REMOVAL				Nama of operation		
Place 19. UNDERTAKER	Stanisland	First for	wiki Ine Bolo Wh Registrer.	Manner of injury Nature of injury 24. Was disease or injury in any Way related to occupation of decaased? If so, spacify (Signed)	NO	

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		•	
THOR			